## Written Acknowledgement of Receipt of Notice of Privacy Practices Form

Client Name:	Date of Birth:
I, Privacy Practices. I unde	, hereby acknowledge that I have received a copy of the Notice of rstand that if I have further questions or complaints I may contact:
Ma	artin Smith, Privacy Officer - The Bridge Family Center
	that I am entitled to receive updates upon request if the organization's Notice of ded or changed in a material way.
Signature	
Relationship to Client	
Date	
	MPLETED BY COVERED ENTITY IF UNABLE TO OBTAIN RITTEN ACKNOWLEDGEMENT FROM CLIENT.
	nted to obtain a written acknowledgement of receipt of the Notice of Privacy named Client, but was unable to because:
[ ] Client declined to	sign this Written Acknowledgement.
[ ] Client did not und	derstand the request to sign the Written Acknowledgement.
[ ] Other [specify]:	
Name and Title of Emplo	yee
Date	