

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Option of Winston-Salem's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer, 3000 Bethesda Place, Suite 103, Winston-Salem, NC 27103 or by calling 336-768-9768.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative*

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

- **Client Refuses to Acknowledge Receipt:**

Signature of Staff Member

Date