



Acknowledgement of Receipt of Notice of Privacy Practices Regarding Health Information

Client Name: _____

By signing this form, you acknowledge that Lakeshore Wellness and Recovery, Inc has given you a copy of its Notice of Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations. All clients receiving services on or after April 14th, 2003 will be asked to sign this form.

If your first date of service with Lakeshore Wellness and Recovery, Inc was due to an emergency, we must try to give you this notice and get your signature acknowledge receipt of this notice as soon as possible after the emergency.

By my signature below, I acknowledge I have received a copy of the Lakeshore Wellness and Recovery Notice of Privacy Practices Regarding Health Information and have been given an opportunity to discuss my concerns and questions.

Signature of: Client Parent of Minor Legal Guardian Other Legal Rep. **Date** _____

Signature of: Client Parent of Minor Legal Guardian Other Legal Rep. **Date** _____