

**NOTICE OF PRIVACY PRACTICES  
RECEIPT AND ACKNOWLEDGEMENT OF NOTICE**

I, \_\_\_\_\_, hereby acknowledge that I have received and have been given an opportunity to read a copy of Gabriela Portas's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact my provider who is also the Privacy Officer.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian/Personal Representative\*      Date**

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

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**For Office Use Only:**

- Client Refuses to Acknowledge Receipt
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other \_\_\_\_\_

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**