



Acknowledgement of Receipt For the
Notice of Privacy Practices Regarding Health Information

Client Name: _____

Date: _____

By signing this form you acknowledge that Creating Balance LLC 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.

By my signature below, I acknowledge I have received a copy of Creating Balance LLC's Notice of Privacy Practices Regarding Health Information and I have been given an opportunity to review and understand it, to discuss my concerns and questions.

Client signature

Date

Parent or Guardian if client is a minor

Date