

**Acknowledgement of Receipt**

**Informed Consent, Notice of Privacy Practices &**

**Client Rights & Responsibilities (Bill of Rights)**

Client Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below acknowledges that I have received a copy of New Beginnings Emotional Wellness & Holistic Therapies’ Informed Consent, Notice of Privacy Practices and Client Rights & Responsibilities. I have had an opportunity to ask questions about how my information will be used. I understand that the information in the notice applies to all contacts while receiving services at New Beginnings Emotional Wellness & Holistic Therapies whether in person, on the telephone, electronic or by mail.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

If the client has a substitute decision maker, please sign below.

Relationship to Client: Parent\_\_\_\_ Guardian\_\_\_\_ POA\_\_\_\_ Conservator\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Substitute Decision-Maker’s Signature Date

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An attempt was made to obtain written acknowledgement of receipt of the Informed Consent, Notice of Privacy Practices and Client Rights & Responsibilities on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date); however, a signature could not be obtained.

Reason Acknowledgement was not signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff who informed Client of his/her rights (print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date