



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This is to acknowledge my receipt of BEACON COUNSELING'S *Notice of Privacy Practices* (effective April 14, 2003) received by me on the date stated below.

\_\_\_\_\_  
Date of Patient's or Personal Representative's  
Signature

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Name of Personal Representative  
(If applicable)

\_\_\_\_\_  
Description of Representative's Authority to  
Act for the Patient  
(If applicable)