

## Notice of Privacy Practices

### Receipt and Acknowledgement of Notice

Judy Fisher, MSW, LCSW  
109-B Millstone Drive  
Hillsborough NC 27278  
(919) 644-0804

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Judy Fisher's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Judy Fisher at the above address and phone number.

Signature of Patient/Client	Date

Signature of Parent, Guardian or Personal Representative*	Date

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

**Patient/Client Refuses to Acknowledge Receipt:**

Signature of Staff Member	Date