

**AFFILIATED THERAPISTS, INC.**

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS**

Client's Name \_\_\_\_\_

Please Print

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
If you are not the client please print the name and state your legal authority to sign for the client.

\_\_\_\_\_ *For Provider Use Only* \_\_\_\_\_

The Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgment because:

\_\_\_\_\_ The client refused to sign.

\_\_\_\_\_ The Legal guardian refused to sign.

\_\_\_\_\_ The client was incapable of signing.

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date