

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