



**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Client Name:** \_\_\_\_\_

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

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Being's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jeffrey Raich or Andrea Scharlatt of Being.

\_\_\_\_\_  
**Signature of Patient/Client**

**Date**

\_\_\_\_\_  
**Signature or 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.).