

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

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Jennifer Novello, LMSW, ACSW. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jennifer Novello, LMSW, ACSW.

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

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**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.)*

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For Office Use Only:

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

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**Signature of Staff Member** \_\_\_\_\_ **Date** \_\_\_\_\_