



Eric Tivers, LCSW, MSSW

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

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Eric Tivers' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Eric at 224-636-3742, by email at etivers@aol.com, at the above mailing address or by fax.

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.).

Client Refuses to Acknowledge Receipt:

Signature of Therapist **Date**