Southwest Family Guidance Center & Institute

RECEIPT OF NOTICE OF PRIVACY PRACTICES AND NOTICE OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Client Name: _____Date of birth: _____

Guardian Name/Relation: _____

If client is less than 18 years of age guardian must sign.

***I have received a copy of the NOTICE OF PRIVACY PRACTICES and the NOTICE OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS.**

Signature: _____ Date:_____

OR

***I have chosen not to receive a copy of the NOTICE OF PRIVACY PRACTICES and the NOTICE OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS.**

Signature: _____ Date: _____

_____ Date: _____
SWFGC Intake Therapist Signature

_____
SWFGC Intake Therapist Printed Name with Credentials