



FAMILY CONNECTIONS, LLC

Supporting Opportunities for Growth & Development

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Client's name/DOB

We are required by Federal Law to give you this notice and to prove that you received it. You may use your mark, stamp, or signature.

I, _____, have been given a copy of Family Connections, LLC privacy notice.

Signature of client/Legal representative (if necessary)

I gave _____ a copy of this privacy Notice on _____.

He/she declined to sign for it.

Client/legal representative (if necessary): _____

Clinician: _____ Date: _____