# ACKNOWLEDGMENT of RECEIPT

*Notice of Privacy Practices and Client Rights & Grievance Procedures*

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| *For use by Northern Rivers Family of Services and member agencies* |

Client name:

*Last First Middle Alias*

Date of birth:

I acknowledge I received a copy of:

• Notice of Privacy Practices

• Client Rights & Grievance Procedures

***Note: If client is a minor, parent or legal guardian must sign.***

*Client, parent, or legal guardian signature Date*

*Client, parent, or legal guardian name printed Relationship to client*

***NOTE: If the client, parent, or legal guardian does not sign this Acknowledgement, staff member must complete the section below:***

Indicate the reason that the client, parent, or legal guardian did not sign the acknowledgement:

*Staff member signature Date*

*Staff member name printed*