



Specializing in Assessments and Counseling

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NOTICE OF PRIVACY PRACTICES RECORD OF RECEIPT

Notice of Privacy Practices Acknowledgment:

I acknowledge that I have received a copy of the Health Recovery Options' Notice of Privacy Practices and I have had an opportunity to review it. I have also been given an opportunity to request restrictions on the use and disclosure of my protected health information, as well as to request confidential treatment of communications relating to my health information.

Signature of Client or Legal Representative Acknowledgement

Relationship to the client

Signature of Witness

Date