

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below, I understand and acknowledge I have read and understand:

CONSENT AND ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I understand and acknowledge that I have read and understand this consent and I have received CFA's Notice of Privacy Practices currently in effect. I understand that information regarding how CFA will use and disclose my information can be found in CFA's Notice of Privacy Practices. I understand my consent is effective for as long as CFA maintains my protected health information.

APPOINTMENT CONFIRMATIONS*

- I agree to have my protected health information used to confirm appointments. This will involve leaving the name of the Agency, clinician and site along with my appointment time.

- No, Please do not confirm appointments.

Signature of Client or Parent/Legal Guardian/Personal Representative (if person receiving services is under 18 years old):*

Print Name _____
First *Last*

Date* _____ (mm/dd/yyyy)