

Mountain Comprehensive Care Center, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

This is to acknowledge my receipt of Mountain Comprehensive Care Center's Notice of Privacy Practices with an effective date of April 14, 2003. I received the **Notice of Privacy Practices** on the date stated below.

Signature Client or Personal
Representative

Date

Client's Name Printed

Client's Social Security Number

Personal Representative's Name Printed (If Applicable)

Parent Guardian Other _____

Description of Representative's Authority To Act on behalf of Client