

# 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