

Patrick Tassoni LCPC
5412 North Clark St. Suit 222
Chicago, Illinois 60640
773-251-7168
prtassoni@gmail.com

**Receipt and Acknowledgement of Notices for
Notice of Privacy Practices**

Name: _____

Date of Birth: _____

Date: _____

I hereby acknowledge that I have received and have been given the opportunity to read/receive a copy of the Notice of Privacy Practices. I understand that if I have any additional questions regarding the Notice or my privacy rights, I may discuss that with Patrick Tassoni LCPC.

Signature of Client

Signature of Parent, Guardian, or Personal Representative

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

_____ Client Refuses to Acknowledge Receipt of Notice of Privacy Practices