



ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES ("Acknowledgement")

I acknowledge that I have received a copy of Team Speech/ Chatterbox Therapy Services HIPAA Notice of Privacy Practices.

Patient Name (Please Print) _____

Patient/Parent Signature Date _____

OR

_____ Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other:

