

# *Creating Positive Outcomes*

**Christine Hardway, LCSW**

## **Notice of Privacy Practices Receipt and Acknowledgment of Notice**

At least 24 hours notice is required to avoid \$85 cancellation fee.

Payment at time of service. Cash, Check or Credit Card are accepted for payment.

**Patient/Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

I acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices for Christine Hardway, LCSW. I understand that if I have any questions regarding the Notice or my privacy rights, please contact the office.

\_\_\_\_\_  
**Signature of Patient/Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal Representative** · **Date**

\_\_\_\_\_ 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.).

**Patient/Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**