

GOOD LIFE CENTER FOR MENTAL HEALTH, LLC

Acknowledgement of Notice of Privacy Practices

This form is provided to acknowledge your receipt of the Notice of Privacy Practices from Good Life Center for Mental Health, LLC. The Notice of Privacy Practices provides information about how Good Life Center for Mental Health, LLC may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, we will notify you and you may obtain a revised copy by visiting our website at www.goodlifecenternj.com or request a paper copy from our staff.

By signing below, I acknowledge receipt of the Notice of Privacy Practices from Good Life Center for Mental Health, LLC.

Signature: _____
(Client / Parent / Guardian)

Date: _____

Signature: _____
(Client / Parent / Guardian)

Date: _____

Signature: _____
(Child/Adolescent 14 Years +)

Date: _____

Signature: _____
(Witness)

Date: _____

OFFICE USE ONLY

I attempted to obtain the patients signature in acknowledgement of this Notice of Privacy Practices but was unable to do so as documented below.

Date:

Initials:

Reason: