



**Acknowledgement of Receipt of
IMPACT Solutions'**

NOTICE OF PRIVACY PRACTICES FORM

By signing this document, I acknowledge that I have received a copy of IMPACT Solutions' Notice of Privacy Practices form. I also acknowledge that I have had a chance to ask questions about it.

Name of Client (Print)

Signature

Date

**GUARDIAN/PERSONAL REPRESENTATIVE
(Has Legal Authority over Health Care of Client)**

Name (Print)

Signature

Date

Provide description of legal authority (For example: Legal Guardian, Durable Power of Attorney for Health Care, or other legal authority)

Behavior Management Associates, Inc. Use Only

Date signed/acknowledgement received: _____

-OR-

Reason acknowledgement was not obtained: (List date mailed to Guardian/Personal Representative and/or other attempts made to obtain signature)

