

**April Betty, LPC**  
**2095 W. 6<sup>th</sup> Ave.**  
**Suite # 212**  
**Broomfield, CO 80020**  
**(720) 235-8665**

**Acknowledgement of Receipt of Notice of Privacy Rights**

I, \_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Practices for Forward Family Therapy and April Betty, LPC.

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date

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If not the client, please print name and state legal authority to sign for the client.

-----*For Practitioner Use only*-----

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ❖ Individual refused to sign
- ❖ Communication barriers prohibited obtaining acknowledgement
- ❖ Client was incapable of signing
- ❖ Other  
(Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date