Forward Family Therapy
Cameron James, LCSW
2095 W. 6th Ave.
Suite # 212
Broomfield, CO 80020
(720)263-1516

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 Cameron James, LCSW.

_____ _____
Signature of Client or Parent/Guardian Date

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