

**Mary A. Bradley, LSCSW, LCSW
Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Mary A. Bradley, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Mary Bradley, LLC, at 8301 State Line Road, Suite 200, Kansas City, MO 64114.

Signature of Patient/Client **Date**

Signature or Parent, Guardian or Personal Representative **Date**

Indicate your relationship if you are not the patient/client*:

If you are not the patient/client, 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**