

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

Client Name: _____

DOB: _____

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 9401 Indian Creek Pkwy, Suite 130, Overland Park, KS 66210, phone number (816) 945-9440.

Signature of client: _____

Signature of parent, guardian or personal representative:

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, health care surrogate, etc.)



Client refuses to acknowledge receipt:

Signature of Staff Member