

Partners in Learning, Inc.
Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Partners in Learning, Inc.'s behavioral health operations. The Notice of Privacy Practices also describes my rights and Partners in Learning, Inc.'s duties with respect to my protected health information.

Partners in Learning, Inc. reserves the right to change the disclosures/terms that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the business office @ 856-374-2821 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority