



ORIGINS COUNSELING CENTER  
Beginnings

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This is to acknowledge my receipt of Origin's *Notice of Privacy Practices* (effective November 1, 2015) received by me on the date stated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Client's or Representative's Signature

\_\_\_\_\_  
Print Name of Personal Representative (if applicable)

\_\_\_\_\_  
Description of Personal Representative's Authority to Act for the Client (if applicable)

Columbus, Ohio 43235 614.289.8658

November 5, 2015