



Sheila Sweeney  
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*Notice of Privacy Practices  
Receipt and Acknowledgment of Notice*

Patient/Client Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of **Peaces 'n PuzSouls'** Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact *Peaces 'n PuzSouls* at 777 Selby Avenue, Saint Paul, MN, 55104; (651) 797-4094; [ssweeney@peacesnpuzsouls.org](mailto:ssweeney@peacesnpuzsouls.org).

\_\_\_\_\_  
**Signature of Patient/Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal Representative\***

\_\_\_\_\_  
**Date**

\*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (parent, power of attorney, healthcare surrogate, etc.).

**[ ] Patient/Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**



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