

**LIFE ENRICHMENT CENTER LLC**

2619 W. 6<sup>th</sup> St, Suite A  
**Lawrence, KS 66049**

Phone: (785) 842-2752

[www.lecnetwork.com](http://www.lecnetwork.com)

Fax: (785) 842-2750

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

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Life Enrichment Center's Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at 2619 W. 6<sup>th</sup> St, Suite A, Lawrence, KS 66049.

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

\_\_\_\_\_  
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 (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

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

\_\_\_\_\_  
Date