

**SHOMAN CENTER  
FOR  
STRESS MANAGEMENT, LLC**  
Notice of Privacy Practices  
Receipt and Acknowledgment of Notice

**Client Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Shoman Center for Stress Management's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Deborah Shoman, LCSW.

\_\_\_\_\_  
**Signature of Client**

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

\_\_\_\_\_  
**Signature of 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**