



San Antonio: Bexar, Comal, Guadalupe
Austin: Hays, Travis, Williamson
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NOTICE OF PRIVACY PRACTICES RECEIPT AND ACKNOWLEDGMENT OF NOTICE

Directions: Please include yourself and any minor children you have legal responsibility for (conservatorship, guardianship, “custody,” etc.). Please use additional copies if needed.			
Name:			
Address:		Contact Number:	
Relationship to the Child(ren) in Question:			
<input type="radio"/> Parent	<input type="radio"/> Stepparent	<input type="radio"/> Grandparent	<input type="radio"/> Caregiver
Other (Please Explain):			
List the child or children involved in the court action:			
Child’s Name	Date of Birth	School/Grade	Lives With

I hereby acknowledge that I have received and have been given an opportunity to read a copy of TCP Marriage & Family Services’ Notice of Privacy Practices , which are also available online at http://www.tcpmfs.org/supervisedvisitation . I understand that if I have any questions regarding the Notice or my privacy rights, I can contact <u>Tammy C. Perez, the President & Program Director</u> for <u>TCP Marriage & Family Services</u> , at the address and telephone numbers above.		
Date:	Print Name:	Signature:
Date:	Print Name:	Signature:

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