

**Cindy McCormack, LCSW  
2290 East Avenue  
Rochester, NY 14610  
585-402-6156**

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

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

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

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

**Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Witness** **Date**