

# **Rick Tivers & Associates**

518 Davis Street, Unit 214

Evanston, Illinois, 60201

## **Notice of Privacy Practices Receipt and Acknowledgement of Notice**

Client Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Rick Tivers and Associates Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Rick Tivers, LCSW, CGP, or Nadia Greenspan, LPC, NCC at the address above.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

Client refused to acknowledge receipt:

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