



1924 Route 35, Suite 9A
Wall, NJ 07719
(732) 359-8686
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Notice of Privacy Practice

Receipt and Acknowledgement of Notice

Client Name: _____ DOB: _____

I herby acknowledge that I have received and/or been given an opportunity to read a copy of Phoebe Jeffrey's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or Privacy rights, I may contact Phoebe Jeffrey.

Signature of Client

Date

Signature of Parent/Guardian

Date

Relationship to Client

Client Refuses to Acknowledge Receipt

Signature of Staff Member