

PHILMONT GUIDANCE CENTER NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

PLEASE REVIEW THIS CAREFULLY

The Notice of Privacy Practices tells you how Philmont Guidance Center may use or disclose information about you. Not all situations will be described. PGC is required to give you a notice of our privacy practices for the information we collect and keep about you.

By signing below, I acknowledge that I have been offered a copy of PGC's Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Print name of patient

Ins. ID #

Signature of patient (14 yrs and older)

Date

Signature of guardian (patient < 18 years)

Relationship to patient

Therapist's Signature