

The Arlington Center

Arlington Counseling Associates

arlingtonctr.com

The Arlington Center for ADD

HIPAA NOTICE OF PRIVACY PRACTICES (NPP) ACKNOWLEDGEMENT FORM

I ACKNOWLEDGE THAT I HAVE READ THE NPP FORM AND UNDERSTAND THE INFORMATION CONTAINED IN THIS NOTICE. I FURTHER UNDERSTAND THAT I MAY REQUEST A COPY OF THIS NOTICE AT ANY TIME.

Client: _____ Date _____

Parent/Guardian: _____ Date _____

*Signatures required: Adult patient (18 or older) and witness: Parent (or guardian) and child plus witness, if child is 12-17; parent (or guardian) and witness, if child is under 12 or patient adjudicated incompetent.

(This form will be retained in your record at The Arlington Center)

**The Arlington Center
3375 N. Arlington Heights Rd/Suite F
Arlington Heights, IL 60004**