

**THE WOMEN'S CENTER**  
**133 Park Street, NE**  
**Vienna, VA 22180**  
**(703) 281-2657**

**Acknowledgement of Receipt of The Women's Center's Notice of Privacy Practices (NPP)**

This form is an acknowledgement by the client, \_\_\_\_\_, that she/he has received a copy of The Women's Center's Notice of Privacy Practices (NPP). When we use the term "you" below, it will mean your child, relative, or other person if you have written his or her name here \_\_\_\_\_.

When we assess, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information at The Women's Center to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment, or for other business or government functions.

By signing this form, you are acknowledging that The Women's Center has provided you with a copy of The Women's Center's Notice of Privacy Practices (NPP). The Notice of Privacy Practices explains in more detail your rights and how The Women's Center can share and use your information. Please read the Notice of Privacy Practices before you sign this Acknowledgement form.

In the future we may change how The Women's Center uses and shares your information and so may change our Notice of Privacy Practices. If The Women's Center changes it, you can obtain a copy from your therapist, our web site, or our Privacy Officer, whose contact information appears on the Notice of Privacy Practices.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we will comply with your wish.

\_\_\_\_\_  
Signature of client or her/his personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or her/his personal representative

\_\_\_\_\_  
Relationship to client (if client, write "Self")

\_\_\_\_\_  
Name of Client's Therapist

\_\_\_\_\_  
Client's Date of Birth

\_\_\_\_\_  
Description of personal representative's authority

Date of NPP \_\_\_\_\_ NPP given to client or her/his personal representative  
Effective date on last page of NPP      Yes or No