



KGA, Inc.
Notice of Privacy Practices
Receipt and Acknowledgement of Notice

Name _____

Company _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kathleen Greer Associates Inc.'s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Liz W. Hahn, Clinical Director, Kathleen Greer Associates, Inc., 161 Worcester Road, Framingham, MA 01701, Tel: 508-879-2093.

Signature _____ Date _____

Signature of Parent, Guardian, or Personal Representative* _____ Date _____

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Client refuses to Acknowledge Receipt

Signature of KGA Inc. Counselor _____ Date _____