



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 KGA, Inc.'s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jack Burke, Manager of Clinical Services, KGA, 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 EAP Counselor _____ Date _____