

DATE: \_\_\_\_\_

CASE #: \_\_\_\_\_

**ACKNOWLEDGEMENT/RECEIPT OF NOTICES OF PRIVACY PRACTICES**

I have received a copy of The Right Door for Hope, Recovery, and Wellness's "Notice of Privacy Practices." \_\_\_\_\_ Initial

**ACKNOWLEDGEMENT OF RECIPIENT RIGHTS INFORMATION AND ORIENTATION PACKET**

\_\_\_\_\_ Initial I acknowledge receipt and explanation of the Recipient Rights booklet and orientation packet. They have been explained to me in terms that are understandable to me.

**OR**

\_\_\_\_\_ Initial The Right Door Staff offered the Recipient Rights booklet and orientation packet to me. I declined the offer to take the packet.

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**\*\* SIGN BELOW TO CERTIFY THAT YOU HAVE READ ALL OF THE ABOVE, THAT YOUR QUESTIONS HAVE BEEN ANSWERED, AND THAT YOU UNDERSTAND ALL OF THE ABOVE. \*\***

\_\_\_\_\_  
Signature of Consumer or Guardian

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Consumer or Guardian

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

*Forward Original to Medical Records for filing. Form created: 9/29/2015/Revised: 8/29/2016*