

# LEAD Behavioral Health

## Acknowledgment of Receipt of "Notice of Privacy Practices"

I acknowledge that I have received a copy of **LEAD Behavioral Health** "Notice of Privacy Practices." I understand that the "Notice of Privacy Practices" describes how **LEAD** may disclose and use my protected health information (PHI). I am encouraged to read the "Notice of Privacy Practices" in full.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(patient/representative/guardian)

Date: \_\_\_\_\_

If signed by the patient's representative/guardian, indicate:

Name of Signer: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**In case patient/representative/guardian declines to sign Acknowledgment or there is an inability to obtain Acknowledgment:**

**LEAD Employee:** If Acknowledgment is not signed, indicate below the reason it was not signed and your efforts to obtain a signature on this Acknowledgement.

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Print Name: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_