

**Notice of Privacy Practices and
Professional Disclosure Statement
Receipt and Acknowledgment of Notice**

Client Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Bill Swenson’s Notice of Privacy Practices and Professional Disclosure Statement. I understand that if I have any questions regarding the Notice or my privacy rights I can contact Bill Swenson.

Signature of Client **Date**

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative’s Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)