SURPRISE BEHAVIORAL HEALTH/RUTH J. COHEN, LMFT 16804 W. Palisade Trail Lane Surprise, AZ 85387

Phone: 623-337-3388 www.surprisebehavioralhealth.com Fax: 623-298-2068

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name:		
DOB:	SSN:	
I hereby acknowledge that I have a to read a copy of <u>SURPRISE BEHA</u> understand that if I have any questights, I can contact, Ruth J. Cohe surprisebehavioralhealth@cox.net	AVIORAL HEALTH Privacy Practions regarding the Notice or my en, L.M.F.T. at 623-337-3388 or v	ces. I privacy
Signature of Patient/Client		
Signature or Parent, Guardian or Personal Representative		
Date		
*If you are signing as a personal repr your legal authority to act for this is surrogate, etc.).	resentative of an individual, please of andividual (power of attorney, health	
☐ Patient/Client Refuses to Acknowledge	owledge Receipt:	
Signature of Witness	Date	-