



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

The Notice of Privacy Practices explains how WDH may use or disclose information. Not all situations may be described. WDH is required to furnish its clients with a notice of privacy practices pertaining to information we use, maintain and disclose.

I, _____ (*client's name*), have received a copy of the WDH Notice of Privacy Practices and have had an opportunity to ask questions regarding how my information will be used.

(Signature)

(Date)

(Name of Personal Representative, if applicable)

(Relationship to Client)

For Office Use Only:

Please have this document completed and signed by the individual receiving the Notice of Privacy Practices. Provide one copy to the individual; file the original in their case record.

- Completed form received by: _____
- Acknowledgement refused

Efforts to obtain acknowledgment: _____

Reasons why not obtained: _____

