

**Candice Covington-Thomas, JD, LCSW  
317 Cleveland Avenue, Suite 203  
Highland Park, New Jersey 08904**

**Phone: (732) 963-7996    cct\_peace@hotmail.com    Fax: (732) 246-1810**

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Division of Consumer Affairs and file a complaint with the Social Work Board.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
Signature or Parent, Guardian or  
Personal Representative\*

\_\_\_\_\_  
Date

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date