



1115 Bethel Road, Columbus, OH 43220  
614-459-3003

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This acknowledges my receipt of CornerStone Family Services' *Notice of Privacy Practices* (effective July 7, 2014) received by me on the date stated below.

\_\_\_\_\_  
Date of Signature of Client or  
Personal Representative of Client

\_\_\_\_\_  
Signature of Client or Personal Representative of Client

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Client's Address

\_\_\_\_\_  
Print Name of Personal Representative (if applicable)

\_\_\_\_\_  
Description of Personal Representative's Authority to Act for the Client (if applicable)