



The Morris Guild of Psychotherapy

BE WHO YOU ARE

14 Ridgedale Ave., Suite 207, Cedar Knolls, NJ 07927

(973) 532-2149 info@morrisguildpsych.com

Group NPI#: 1821239948 EIN#: 26-4238679

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of The Morris Guild of Psychotherapy, LLC.'s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Andy Lapides, 14 Ridgedale Ave., Suite 207, Cedar Knolls, NJ 07927.

Signature of Client

Date

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