



## Meaningful Directions Therapeutic Services, LLC.

522 South Broad Street, Suite 5,  
Glen Rock, New Jersey 07452.

241 Main St., Suite 605  
Hackensack, New Jersey, 07601

Phone: 201749-2009 Email: [info@meaningfuldirections.com](mailto:info@meaningfuldirections.com)

### Notice of Privacy Practices Receipt and Acknowledgment of Notice

**Patient/Client Legal Name:** \_\_\_\_\_

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

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Meaningful Directions Therapeutic Services, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact our Privacy Officer at 375 Main St., Suite 201, Hackensack, NJ, 07601.

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**Signature of Patient/Client**

**Date**

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**Signature or Parent, Guardian or Personal Representative •**

**Date**

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\* 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:**

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**Signature of Staff Member**

**Date**