

Joseph T. Wilkinson, LICSW

3949 Old Post Rd, Suite 101
Charlestown, RI 02813
(401) 401-862-7254 | www.josephtwilkinsonlicsw.com

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Patient/Client Name: _____

Date of Birth: _____ SSN (Last 4 digits): _____

I acknowledge that I have received a copy of Joseph T. Wilkinson, LICSW's Notice of Privacy Practices. I have had the opportunity to review the notice and understand that I may request additional information or clarification at any time.

If I have questions or concerns regarding my privacy rights, I understand that I may contact Joseph T. Wilkinson, LICSW directly or the U.S. Department of Health and Human Services at:

Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
Phone: (202) 619-0257

Signature of Patient/Client: _____ Date: _____

Signature of Parent/Guardian or Personal Representative:
_____ Date: _____

Relationship/Legal Authority (e.g., POA, Legal Guardian, Healthcare Proxy):

☐ Patient/Client Refuses to Acknowledge Receipt

Reason (if provided):

Signature of Staff Member Witnessing Refusal: _____ Date: _____
