



Acknowledgement of Receipt

Federal law requires that we seek your acknowledgement of receipt of this Notice of Privacy Practices, effective April 14, 2003. Please indicate your acknowledgement with your signature beneath the following statement:

I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that Aspire Speech Therapy may use and share my confidential health information with others in order to treat me, in order to arrange for payment of my bill and for issues that concern Aspire Speech Therapy operations.

I further acknowledge that I understand that if I have any questions regarding this Notice, or wish to file a complaint, I may contact Aspire Speech Therapy's Privacy Officer listed below. I also understand that no other staff member, physician or nurse or any other person is authorized to accept a request to exercise my rights but the Privacy Officer for Aspire Speech Therapy.

Privacy Officer, Aspire Speech Therapy
3983 S. McCarran Blvd. #244
Reno, NV 89502
(775) 451-7220

Signature: _____

Date: _____

Print Name: _____