

Fort Collins Therapy Services
DBA: ABG Therapy & Wellness Center, LLC

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have received a copy of ABG Therapy & Wellness Center's Notice of Privacy Practices.

Patient Name	Date of Birth
Name of person signing (if other than patient)	Relationship to Patient
Signature	Date

If I am unable to speak with you directly by phone, is it okay for me to leave detailed/ clinical information on your answering machine, if available?

YES NO

Yes, I would like to receive copies of notes from therapy sessions.

OFFICE USE

Witness: _____ Date: _____

Comments: _____
