**ROCHESTER HEARING AND SPEECH CENTER**

1000 Elmwood Avenue #400 Rochester, NY 14620 (585) 271-0680

3199 W. Ridge Road, Rochester, NY 14626 (585) 723-2140

1170 Ridge Road, Webster, NY 14580 (585) 286-9373

My signature below acknowledges that I have received a copy of Rochester Hearing and Speech Center’s Notice of Privacy Practices and the Clients’ Bill of Rights.

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Client Name (*Print*) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

If child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian (*Print*) Date

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Signature Relationship to Client

For Facility Use Only:

Rochester Hearing and Speech Center made a good faith effort to obtain the above referenced individual’s written acknowledgement of receipt of the Notice of Privacy Practices.

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Staff Member Date

*S/F: 338A NPP Acknowledgement*

*Rev. 9/11*