



Center for Personal Growth  
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**Acknowledgement of Receipt of  
 Notice of Privacy Practices**

I, the undersigned, hereby acknowledge that I have been presented with the Notice of Privacy Practices.

**Client's Date of birth:** \_\_\_\_\_

\_\_\_\_\_  
**Client's Name *PRINT***

X \_\_\_\_\_  
**Signature** (of client if client is 12 years or older)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Guardian's Name *PRINT***

X \_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Date**

.....

I, the undersigned, hereby attest that the client was presented with the Notice of Privacy Practices and did not want to sign the Acknowledgement form.

\_\_\_\_\_  
 Staff name / Signature

\_\_\_\_\_  
 Date