

CLIENT NAME:

CASE #

Andrews Center Behavioral Healthcare System

**Acknowledgement of Receipt of Notice of Privacy Practices**

Andrews Center wants you to be informed of your rights to privacy and confidentiality. To further this purpose, you have been provided with a copy of Andrews Center Notice of Privacy Practices.

You are requested to sign the acknowledgement below and return it to Andrews Center at: P.O. Box 4730, Tyler, Texas 75712 to document your receipt of this notice. Thank you for your assistance.

I have received a copy of the Notice of Privacy Practices of Andrews Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name