

Serenity Place, LLC
22530 Washington Street, #1
P.O. Box 1831
Leonardtown, MD 20650
P: 301-690-8008 F: 312-260-7996

**NOTICE OF PRIVACY PRACTICES
RECEIPT AND ACKNOWLEDGEMENT OF NOTICE**

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Serenity Place, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of Privacy Practices I can contact Esther Vanderwal, LCSW-C at the above number.

Signature of Patient/Client **Date**

or Parent, Guardian or Personal Representative **Date** **Signature**

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Declines to Acknowledge Receipt:

Signature of Staff Member **Date**