

*Exceptional Minds Counseling, LLC
Melinda G. Bauer, MSW, LISW-S
9200 Montgomery Rd., Bldg. H, Unit 25B
Cincinnati, Ohio 45242*

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Melinda G. Bauer's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Melinda G. Bauer, MSW, LISW-S at 9200 Montgomery Road, Bldg. H, Unit 25B, Cincinnati, Ohio 45242.

Signature of Patient/Client **Date**

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

* 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 Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**