

*Exceptional Minds Counseling, LLC  
Melinda G. Padolik, 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. Padolik'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. Padolik, 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**