



# Acknowledgement of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you can view a copy of it on our website, [www.risecanyonranch.org](http://www.risecanyonranch.org).

If you have any questions about our Notice of Privacy Practices, please contact Dr. Theresa Dubois at 3419 E. Chapman Ave. Suite 346, Orange, CA 92869.

I acknowledge receipt of the Notice of Privacy Practices for Rise Canyon Ranch.

**CLIENT NAME**

**DATE**

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**CLIENT SIGNATURE**

**DATE**

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**PARENT / GUARDIAN NAME (IF UNDER 18)**

**DATE**

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**PARENT / GUARDIAN SIGNATURE (IF UNDER 18)**

**DATE**

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