

**RECEIPT AND ACKNOWLEDGMENT OF  
NOTICE OF PRIVACY PRACTICES  
(Please Print)**

Client Name:	Date of Birth:
SIMS Client ID#	
I hereby acknowledge that I have received and have been given an opportunity to read a copy of the SIMS Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact The SIMS Foundation by calling their confidential phone: 512-494-1007.	
Client Signature:	Date of Signature:
Signature of Parent/Guardian (If client is a minor):	Date of Signature:
Client Refuses to Acknowledge Receipt	
Signature of Provider	Date of Signature

*(Above information is based on a document originating with the National Association of Social Workers. © Popovits & Robinson, P. C. 2003)*

**Attention Provider: Each client (including individuals engaged in couples, family, group, or Band Aide sessions) must complete this form during their initial session. Please return this form to The SIMS Foundation by the client's 4<sup>th</sup> session, as stated in the SIMS Policy for Providers.**