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**NOTICE OF PRIVACY PRACTICES**  
**RECEIPT AND ACKNOWLEDGMENT OF NOTICE**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Laura L. Grimes, LCSW. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Laura L. Grimes.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 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.)

Client refuses to acknowledge receipt of Notice:

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date