



Carrie Heller, M.S.W., L.C.S.W., R.P.T  
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404-549-3000

## Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Circus Arts Institute DBA Carrie Heller's Circus Arts' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Carrie Heller at 404-549-3000.

\_\_\_\_\_  
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