**Daybreak**  Counseling Services

 54 South State St. (302)632-8842/ (302)422-7021

 Dover, DE 19901 Fax (302)422-3360

**Acknowledgment of Receipt**

**Of**

**Notice of Privacy Practices**

 I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understood the Notice.

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Patient Name (please print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Authorized Representative (if applicable)

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Signature

2/14/17