

Notice of Privacy Practice

Receipt and Acknowledgement of Notice

Client Name: _____

Date Of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Verus Therapy, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights, I can contact Erin Guberman, at 172 Broadway, Suite 207, Woodcliff Lake, NJ 07677 or 347-618-9204.

Client Signature Date

Signature of Parent, Guardian, or Personal Representative Date

If you are signing as a personal representative, please describe your legal authority or relation to client.

- Check if client refuses to Acknowledge Receipt:

Clinician Signature Date

