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Notice of Privacy Practices

Receipt and Acknowledgement of Notice

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Life Steps, Inc.'s Notice of Privacy Practices. I understand that if I have any questions regarding this Notice or my privacy rights I can contact (Life Steps Staff Member) Privacy Officer at Life Steps.

Client _____ Date _____

Parent, Guardian or Personal Representative _____ Date _____

* If you are signing as a personal representative of an individual, please describe your legal authority to act of this individual (Power of Attorney, Healthcare Surrogate etc...).

Client Refuses to Acknowledge Receipt

Life Steps _____ Date _____

Effective July 1, 2016