

Riverwalk Psychotherapy Associates, LLC

1110 N. Old World Third Street, Suite 401
Milwaukee, WI 53203
(414) 224-0800 Fax (414) 224-0883

PRIVACY PRACTICES ACKNOWLEDGMENT

Acknowledgment Form

I have received a copy of the Riverwalk Psychotherapy Associate's NOTICE OF PRIVACY POLICIES and I have been provided an opportunity to review it.

Patient Name _____ Patient Date of Birth _____

Guarantor of Patient (if minor) _____

Signature _____

TELEPHONE COMMUNICATIONS

Riverwalk Psychotherapy Associate Staff may leave telephone messages for me at the following numbers:

1. () _____
2. () _____
3. () _____

_____ Please leave name and return telephone number only

_____ You may leave a detailed message. My answering machine/voice mail is confidential

Signature _____ Date _____