

**NEIL J. CERVERA, L.C.S.W, Ph.D.  
902 WASHINGTON AVENUE  
ALBANY, NY 12203**

**Notice of Privacy Practices  
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 Dr. Neil Cervera's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Neil J. Cervera, L.C.S.W., Ph.D., 902 Washington Avenue, Albany, NY 12203 at (518) 458-8162.**

\_\_\_\_\_  
**Signature of Client** **Date**

\_\_\_\_\_  
**Signature of 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.)**

**Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member** **Date**