

## Lorry G May, LISW

Telephone 864-561-9053 | lorrymaylisw@gmail.com

### Notice of Privacy Practices Receipt and Acknowledgement of Notice

A full copy of my HIPPA policy is available on my website at [www.lorrymaylisw.com](http://www.lorrymaylisw.com). By signing this agreement, you also agree to receiving a copy of this policy on my website (above). If you request a paper copy of my this HIPPA policy at any time, I will provide it to you promptly, even if you agree to receive the notice electronically.

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lorry G May, LISW-CP's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Lorry G May, LISW-CP, 864 561 9053 or lorrymaylisw@gmail.com.

\_\_\_\_\_ Signature of Client

\_\_\_\_\_ Signature of Parent, Guardian or Personal  
Representative

\* 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.). \_\_\_\_\_

Date \_\_\_\_\_

- Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_ Signature of Staff Member/Date