

**LILLEY & ASSOCIATES
STONEBURNER & ASSOCIATES, LLC**

A Practice of Independent Mental Health Professionals

Acknowledgement of Receipt of Privacy Practices

This is to acknowledge my receipt of the Lilley & Associates, and Stoneburner & Associates, LLC, *Notices of Privacy Practices* (effective April 14, 2003) on the date below.

Date

Signature of Patient or Personal Representative

Witness

Patient's Name (please print)

Name of Personal Representative (If applicable)

Description of Representative's Authority to Act for Patient (e.g., Legal Guardian)