



NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have received the Notice of Privacy Practices from **Nimble Kids, LLC, dba Comprehensive Therapy Children's Center**. I understand that the Notice of Privacy Practices is subject to change. If **Nimble Kids, LLC, dba Comprehensive Therapy Children's Center** changes its notice, a copy will be posted on the effective date and I may request a written copy of the Revised Notice from this office.

Patient Name

Legal Representative Signature

Relationship to Patient

Date