



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152

Confidential Clinical Numbers: Phone 512-494-1007

Fax 512-542-9965

www.simsfoundation.org

**RECEIPT AND ACKNOWLEDGMENT OF
NOTICE OF PRIVACY PRACTICES
(Please Print)**

Client Name:	Date of Birth:
Please list the name of your SIMS Provider:	
I hereby acknowledge that I have received and have been given an opportunity to read a copy of the SIMS Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact SIMS by calling their confidential phone: 512-494-1007.	
Client Signature:	Date of Signature:
Signature of Parent/Guardian (If client is a minor):	Date of Signature:

Client Refuses to Acknowledge Receipt	
Signature of Provider	Date of Signature

(Above information is based on a document originating with the National Association of Social Workers. ©Popovits & Robinson, P. C. 2003)

ATTENTION PROVIDER: Each client (including individuals engaged in couples, family or group sessions) is to complete this form during their initial session.

Please return this form to SIMS ASAP following the client's initial session.

You may send by mail or fax it to

512.542.9965, our confidential fax number.