



ACKNOWLEDGEMENT FORM

1. CLIENT NAME: _____
(Please Print Clients First Name, Middle Initial and Last Name)

2. CLIENT DATE OF BIRTH: _____
(Month) (Day) (Year)

3. CLIENT SOCIAL SECURITY NUMBER: _____

4. CLIENT DCN (if applicable): _____

I acknowledge that I have been given a copy of the Rain Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this notice.

(Please Print the First Name, Middle Initial, Last Name of the Client/Parent/Guardian/Durable Power of Attorney for Health care (DPOA-HC))

Signature of the Client/Parent/Guardian/Durable Power of Attorney for Health care (DPOA-HC)

(Date)

NOTE: If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care.

Please check one of the following to indicate the relationship between the client and the person whose signature appears on the line above:

- CLIENT CLIENT'S PARENT CLIENT'S GUARDIAN
- CLIENT'S DPOA-HC CLIENT REFUSED TO SIGN FORM

Staff Signature (if present when Notice provided)

(Date)