



**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that as a condition to my receiving treatment and/or services from Grafton, Grafton may use or disclose my personally identified health information for treatment and/or services, to obtain payment for the treatment/services provided, and as necessary for the operations of Grafton. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and which I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and that I have a right to obtain any revised Privacy Notice by contacting the Corporate Privacy Officer as follows:

Attention: Grafton Corporate Privacy Officer  
Grafton Central Office  
PO Box 2500  
Winchester, VA, 22604

Telephone: 540-542-0200 ext 1201  
Fax: 540-542-1722  
Email:privacy@grafton.org

I also understand that I have the right to request Grafton to restrict how my health information is used or disclosed. Grafton does not have to agree to my request for the restriction, but if Grafton does agree, Grafton is bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time. My revocation/withdrawal will be effective except to the extent that Grafton has taken action in reliance on my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.

\_\_\_\_\_  
Signature of client (If 12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if patient under 18 years,  
not emancipated and not seeking substance abuse treatment)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Alternate Decision Maker (if incapacitated)

\_\_\_\_\_  
Date

Check one:    \_\_\_ Court Appointed Custodian    \_\_\_ Healthcare Surrogate    \_\_\_ Medical Power of Attorney  
(Attach copy of court appointment, surrogacy appointment or medical power of attorney forms to medical record)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**OFFICE USE ONLY**

I attempted to obtain the client's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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