

Acknowledgement of Privacy Notice

LIVINGSTON COUNTY

6 Court Street
Geneseo, New York 14454

I hereby acknowledge that: () I have received a copy of Livingston County's Notice of Privacy Practices

() I have been offered and have chosen not to accept a copy of Livingston County's Notice of Privacy Practices

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices

at: _____

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the client, please indicate relationship:

- Parent or guardian of minor client
- Guardian or conservator of an incompetent client
- Beneficiary or personal representative of deceased client
- Other _____

Name of Client: _____

For Office Use Only:

Signed form received by: _____

Acknowledgement refused:

Efforts to obtain:

Reasons for refusal:

