

WORKING WONDERS  
**NOTICE OF PRIVACY PRACTICES**  
ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge that you have read and received a copy of Working Wonders, Inc. (WW) *Notice of Privacy Practices*. WW's *Notice of Privacy Practices* provides information about how WW may use and disclose confidential information about you.

WW *Notice of Privacy Practices* is subject to change. If the notice is changed, you may obtain a copy of the revised notice.

I acknowledge that I have read and received a copy of **Working Wonders, Inc., *Notice of Privacy Practices***.

**Client Name:** \_\_\_\_\_ **Record #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Client/Parent/Guardian if under age 18)

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**INAABILITY TO OBTAIN ACKNOWLEDGEMTN**

(TO BE COMPLETED ONLY IF NO SIGNITURE IS OBTAINED)

The three attempts noted below are documentation of the reason it was not possible to obtain client or his/her parent/guardian's acknowledgment. The documentation shall include the dates of the attempts, the nature of the efforts taken (i.e. letter, telephone call, or to the notice) and outcome of the efforts.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Case manager signature: \_\_\_\_\_ Date: \_\_\_\_\_