



225 Adley Way – Greenville, SC 29607

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## ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICE

**Sherbondy's Psychiatric Solutions Notice of Privacy Practices** has been provided to me for review. I understand that the purpose of this notice is to inform me of my rights regarding my Protected Health Information and the way in which Sherbondy's Psychiatric Solutions may use my Protected Health Information.

\_\_\_\_\_  
Signature of Patient (or Patient's Legal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Chart Number