

THE BRANDYWINE CENTER, LLC

2500 Grubb Road, Suite 240

Wilmington, DE 19810

(302) 475-1880

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Written Acknowledgment Form

I, _____ have received a copy of The Brandywine Center, LLC's Notice of Privacy Practices. I hereby give my consent for The Brandywine Center, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations as outlined in the Notice of Privacy Practices.

Signature of Client of Guardian

Date