James Madison University
Occupational Therapy Clinical Education Services
Phone: 540-568-4980 Fax: 540-568-3886

Mailing Address:
601 University Blvd, MSC 9022
Harrisonburg, VA 22807

Physical Address:
131 W. Grace St., Rm 1100
Harrisonburg, VA 22807

Documentation of Receipt of the Notice of Privacy Practices

I _____ am signing this form for: _____
Full printer name of consenting person Full printed name of client

_____
Client's Date of Birth

_____
Client's Full Address

My relationship to the client is: □ Self □ Parent □ Power of Attorney
□ Guardian □ Other legally authorized representative

I acknowledge that I have received the Notice of Privacy Practices from the Occupational Therapy Clinical Education Services at James Madison University.

_____ _____
Signature of Consenting Person or Parent/Legal Guardian Date

_____ _____
Signature of Adult Witness Date

Note: A more detailed documentation regarding your right to privacy is available upon request.