



2919 W Second St • Wichita, KS 67203 • (316) 943-1191  
[www.arc-sedgwickcounty.org](http://www.arc-sedgwickcounty.org)

**Acknowledgement of Receipt of Notice of Privacy Practices  
In compliance with HIPAA regulations**

This is to acknowledge my receipt of The Arc of Sedgwick County's Notice of Privacy Practices on the dates stated below.

Print Name of Person Served \_\_\_\_\_

Address of Person Served \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Signature of Individual **or** Personal Representative

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**If Signed by a Personal Representative**

Print Name of Personal Representative \_\_\_\_\_

Description of Representative's Authority to Act for the Person Served:

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