



# INSTITUTE FOR CHILDREN'S AID

*A Voice of HOPE for Children Worldwide*

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Practices. We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving services at International Christian Adoptions, dba. Institute for Children's Aid.

\_\_\_\_\_  
**Signature of Client (or Parent/Guardian)**

\_\_\_\_\_  
**Date**

**If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Parent/Guardians Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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### For Office Use Only

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgment

Other (please be specific)

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A DIVISION OF INTERNATIONAL CHRISTIAN ADOPTIONS

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