

Sweeney Dawley Recovery Center  
409 Pond Street, Unit 9  
Braintree, MA 02184  
781-268-2638

**Notice of Privacy Practices Acknowledgment Form**

Printed Name of Patient: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

I acknowledge receipt of the Sweeney Dawley Recover Center's Notice of Privacy Practices effective August 1, 2017.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date