

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Client Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Florida Adoption Center LLC, Notice of Privacy Practices.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Florida Adoption Center LLC located at:

1840 Sarno Road  
Melbourne FL 32935

\_\_\_\_\_  
**Signature of Client** **Date**

\_\_\_\_\_  
**Signature of Client** **Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal Representative \*** **Date**

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

**Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member** **Date**

Florida Adoption Center LLC  
1840 Sarno Road, Melbourne FL 32935  
Phone: (321) 250-5683 or (321) 766-5683 Fax: (321) 392-4042  
E-mail: [Office@floridaadoptioncenter.com](mailto:Office@floridaadoptioncenter.com) Website: [www.floridaadoptioncenter.com](http://www.floridaadoptioncenter.com)