



Acknowledgement of Privacy Statement Preferences

Ventures Academy

Please circle Yes or No next to each statement.

- I give permission to be contacted at my home phone number. Yes or No

- I give permission to leave a message on my answering machine or with another person. Yes or No

- I give permission to call the emergency contact(s) I designated on the emergency information form. Yes or No

- I give permission to send me printed materials to my home address. Yes or No

- I give permission to call me at my work phone number. Yes or No

Comments: _____

By signing below, I am acknowledging that I have received a copy of the Notice of Privacy Practices, and by circling “yes” or “no,” I have indicated my preferences for contact by mail and phone.

Signature of Parent or Guardian

Date

Signature of Staff

Date

Client Name

ID#

Date