



\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Supported (Please Print)

\_\_\_\_\_  
Signature of Person Supported (If applicable)

\_\_\_\_\_  
Address of Person Supported City State Zip Code

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Relationship to Person Supported

\_\_\_\_\_  
Signature of Authorized Representative

Please initial:

\_\_\_\_\_ I have received a copy of the TARC Notice of Privacy Practices

\_\_\_\_\_ I have read and been offered a copy of the TARC Notice of Privacy Practices and decline receipt of a copy.