

**PROTECTION OF CLIENT PRIVACY
ACKNOWLEDGEMENT OF RECEIPT FORM**

This is to acknowledge that I have received instruction on CETPA, Inc. policies and procedures to be followed to protect client's privacy rights.

I understand my responsibilities to protect client's privacy outlined in the policy *Notice of Privacy Practices* that is currently in effect. I also understand that these documents together with other relevant policies and procedures are available for me to consult in the Team Member Handbook, and that an updated paper copy will be provided to me on request to the Compliance Officer. I accept that it is my personal responsibility to become and stay familiar with the requirements and responsibilities set out in these documents. I understand that if I have any questions regarding client privacy rights or encounter any situation that I believe violates these rights, I should immediately consult my supervisor, and the Privacy Officer/Compliance Officer.

I understand that if I violate any of the terms set out in the policies and procedures that I may be subject to civil and criminal actions in addition to internal disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to CETPA, Inc.

Print Name: _____

Signature: _____

Date: _____