

(This form must be signed before the first session.)

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I was given the opportunity to read and receive a copy of the Notice of Privacy Practices. These can also be read at:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coverentities/notice.html>

Client Signature

Date

Client Printed Name

Client declined to sign: _____

Staff (initials): _____

Effective Date: 6/1/2011