

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 919-257-1735.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 1220 SE Maynard Road, Cary, NC 27511, phone: 919-257-1735.

I acknowledge receipt of the *Notice of Privacy Practices* of Toni Rabinowitz, Ph.D, LMFT.

Client 1 Signature: _____ Date: _____
(Client/parent/conservator/guardian)

Print Name: _____

Client 2 Signature: _____ Date: _____
(Client/parent/conservator/guardian)

Print Name: _____