

Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from Wendy Dolin, LCSW, LLC. This notice provides information about the ways in which I may use and disclose your protected health information. I encourage you to read it in full.

The Notice of Privacy Practices is subject to change. You may ask me at any time for a copy of the current notice, either in person or by contacting me at the phone number or email above.

I acknowledge that I have received the Notice of Privacy Practices.

Printed Name

Signature

Date

Witness Signature

If no signature is obtained above, describe the good faith efforts made to obtain the individual's acknowledgement and the reasons why it was not obtained.

Therapist's Printed Name

Signature

Date