

## 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 (714) 584 - 4119

If you have any questions about my *Notice of Privacy Practices*, please contact me at (714) 584 - 4119

I acknowledge receipt of the *Notice of Privacy Practices* of Ruth Lynch, Licensed Marriage & Family Therapist.

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Print Name	Date	Signature
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Print name of client If different from above	Date	Signature
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Relationship to the client if you are the client's guardian/representative