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Acknowledgement Of Receipt Of Notice Of Privacy Practices

Client Name: _____ **Today's Date:** _____
(To be completed by Parent/ Guardian if Client is under 18 years old)

I, _____,
(Print name of client, subscriber, conservator, parent or legal guardian signing below)

acknowledge receipt of the Notice of Privacy Practices, which explains limits on ways in which **Donna L. Fone, LMFT, LPCC**, may use or disclose personal health information (PHI) to provide service.

Signature of Client (or Parent/ Guardian)

Date

Signature of Client (or Parent/ Guardian)

Date

If not signed by client, indicate relationship: _____

NOTE: Parent must have legal custody. Legal guardians and conservators must show proof.