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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. This Notice of Privacy Practices provides information about how I may use and disclose your protected health information.

I acknowledge that I have been given the opportunity to read and/or keep the Notice of Privacy Practices provided by Janet Sessions, LMFT.

Printed Name: _____

Signature: _____ Date: _____