



To comply with Federal HIPPA regulations concerning safety of Health Care Information, I provide every client with the opportunity to read my Notice of Privacy Practices (see below). This form acknowledges that you had the opportunity to do so and ask questions.

**Acknowledgment of Receipt of Privacy Notice
(Please Bring to First Session)**

Client Name: _____

Date of Intake: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Hannah Fischer's Notice of Privacy Practices either by downloading or reading the form.

I understand that if I have any questions regarding this Notice of Privacy Practices or of my privacy rights, I can contact my therapist, Hannah Fischer.

Signature of Client Date

Signature of Parent, Guardian or Personal Representative Date

Legal Relationship to Client