Acknowledgement of Notice of Privacy Practices and Therapist-Client Agreement

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE THERAPIST-CLIENT SERVICES **AGREEMENT** AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THE NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF PATIENT HEALTH INFORMATION (HIPAA **NOTICE)** FORM DESCRIBED ABOVE.

Signature Date