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**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Laurie Donovan, LMFT, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Laurie at 1823 Fortview, Suite 106, Austin, Texas, 78704, or by phone at (512) 731-7141.

Signature of Client **Date**

Signature or Parent, Guardian or Personal Representative * **Date**

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Provider or Staff Member **Date**