

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have made available to you at intake or review. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full. If you would like a paper copy to keep, please ask me and I will provide you with a paper copy.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting my office.

If you have any questions about my Notice of Privacy Practices, please contact me at:

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Phone: (559) 801-1430 Email: FondaHart@FresnoCounseling.com

I have seen/read the Notice of Privacy Practices of Fonda Hart, LMFT.

I would like a copy of the Notice of Privacy Practices of Fonda Hart, LMFT.

Signature (*Client or Guardian*)

Date

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