By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you.

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.

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 me at 323-967-3321, emailing me at [stephanie@growthandchangetherapy.com](mailto:stephanie@growthandchangetherapy.com), or going on to my website, [www.growthandchangetherapy.com](http://www.growthandchangetherapy.com).

If you have any questions about my *Notice of Privacy Practices,* please contact me using the contact information listed above.

I acknowledge receipt of the *Notice of Privacy Practices* of *Growth and Change Therapy.*

Signature of client or responsible party:

Date:

**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my client’s acknowledgement of his or her receipt of my *Notice of Privacy Practices*, including:

However, because of:

I was unable to obtain my client’s acknowledgement.

Signature of Provider:

Date: