



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

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I, \_\_\_\_\_ have received a copy of Oviedo Counseling Clinic's Notice of Privacy Practices.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If client is a minor)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_