



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

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: _____