

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Linda M. Callahan's Notice of Privacy Practices.

I understand that I may ask questions about these policies at any time, now or in the future.

I consent to accept these policies as a condition of receiving mental health and/or life coaching services.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_