

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have received a copy of Audrey Simmons Counseling, LMHC, PA's Notice of Privacy Practices with an effective date of October 18, 2017.

Print Name of Client:_____

Address of Client:_____

Signature of Adult Client

_____ **Date**_____

Signature of Guardian of Minor Client

_____ **Date**_____

Name of Witness

Signature of Witness

_____ **Date**_____