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Westlake Village, CA 91362

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Client Name: ______________________________________ Date___________

ACKNOWLEDGEMENT OF RECEIPT

By signing this form you acknowledge receipt of the Notice of Privacy Practices of Deborah Rippee, M.A. LMFT. The Notice of Privacy Practices provides information about how your protected health information may be used or disclosed. I encourage you to read it in full. The Notice of Privacy Practices is subject to change. If changes are made, you may request a copy from Deborah Rippee, M.A. LMFT. If you have any questions about the Notice of Privacy Practices, please contact Deborah Rippee, M.A. LMFT, at (818) 530-4477.

I acknowledge receipt of the Notice of Privacy Practices of Deborah Rippee, M.A. LMFT.

_________________________________ ______________
Client, Parent or Legal Guardian Date

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

____ ________________
Signature of Provider: Deborah Rippee, M.A. LMFT Date