

RECEIPT AND ACKNOWLEDGMENT OF HIPAA NOTICE

Client's Name: _____ **Date of Birth:** _____

I/ we the undersigned hereby acknowledge that I/ we have received and have been given an opportunity to read a copy of the Notice of Privacy Practices for ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Katya Kosarenko, LCSW, owner of ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION.

Client's Signature: _____ **Date:** _____

For Minor Clients:

Parent/ Guardian's Signature: _____

Relationship: _____ Date: _____

Parent/ Guardian's Signature: _____

Relationship: _____ Date: _____

Received: ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION Date: _____

by:

Therapist's signature: _____

Katya Kosarenko, LCSW