

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me, or you can view a copy of it on my website, which is located at www.emilygombos.com.

If you have any questions about my Notice of Privacy Practices, please contact me at: 1000 Quail Street, Suite 130, Newport Beach, CA 92660, Phone (714) 323-8434, Fax (949) 756-9998.

I acknowledge receipt of the Notice of Privacy Practices of Emily R. Gombos, M.A., LMFT.

Signature: _____ Date: _____
(Client)

Signature: _____ Date: _____
(Parent/Conservator/Guardian)