Christian Child Therapy

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge, upon your request, receipt of the Notice of Privacy Practices that I can give you upon your request. 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 by contacting me at (323) 243-4827.

If you have any questions about my *Notice of Privacy Practices*, please contact me at:

Deborah A. Lowe, PsyD, LMFT
(323) 243-4827

I acknowledge that I can request a copy of the *Notice of Privacy Practices* of Deborah A. Lowe, PsyD, LMFT.

By entering your typed name you agree that the provided "e-signature" will be the electronic representation of your signature for the purposes of this document. You further understand your electronic signature will have the same legally binding effect assigning your signature using pen and paper. Submission of this signed and dated document shall evidence acceptance of your acknowledgement and consent.

SIGNATURE **DATE**

_____ _____
(Patient/Parent/Conservator/Guardian)