

Receipt of Notice of Privacy Practices Form

I, _____, hereby acknowledge receipt of the Dr. Paula Nelson, LCSW, MCAP, CET Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how Dr. Paula Nelson, LCSW, MCAP, CET may use and disclose my confidential information. I understand that Dr. Paula Nelson, LCSW, MCAP, CET reserves the right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be made available to me upon request.

Client Signature _____ Date _____

Client Signature _____ Date _____

If you are not the patient, please specify your relationship to the patient:

Relationship to Client