

**NOTICE OF PRIVACY PRACTICES
RECEIPT AND ACKNOWLEDGMENT OF NOTICE**

I hereby acknowledge that I have received and have been given a copy of the Notice of Privacy Practices for Dina Zwiebel, LCPC. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dina Zwiebel, LCPC.

Client Name _____ Date

Client Signature _____ Date

Parent, Guardian or Personal Representative Signature _____ Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

Patient/Client Refuses to Acknowledge Receipt:

Dina Zwiebel, LCPC Signature _____ Date