Tamara Davidson, LPC

Notice of Privacy Practices

Receipt and Acknowledgement of Notice

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Tamara Davidson, LPC, Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights, I can contact Tamara Davidson at 816-514-3360.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client Date

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Signature of parent, guardian, or representative Date