



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 by contacting me at 303-868-4207.

If you have any questions about my Notice of Privacy Practices, please contact me at hello@kindre-counseling.com or at 303-868-4207.

I acknowledge receipt of the Notice of Privacy Practices of Brittni Fudge, LPCC

Signature of Patient (or authorized representative)

Date