**Receipt of Notice of Privacy Practices**

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from the North Suburban Center for Anxiety, LLC. This notice provides information about the ways in which I may use and disclose your protected health information. I encourage you to read it in full.

The Notice of Privacy Practices is subject to change. You may ask me at any time for a copy of the current notice, either in person or by contacting me at the number or addresses above.

I acknowledge that I have received the Notice of Privacy Practices.

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Client Printed Name Client Signature (Age 12 and over) Date

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Parent/Guardian Printed Name Parent/Guardian Signature Date

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Witness Printed name Witness Signature Date