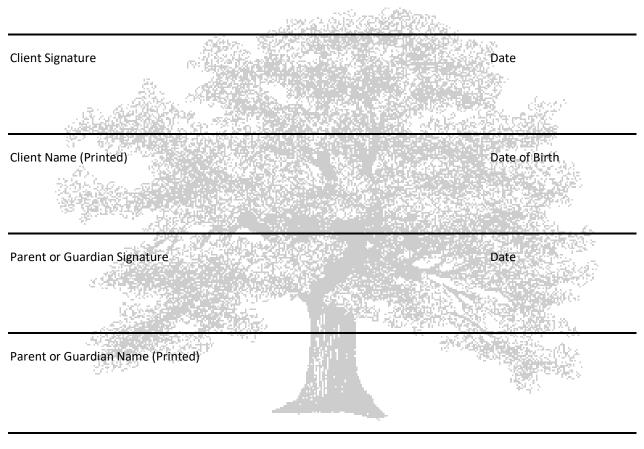


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## HIPAA NOTICE OF PRIVACY AND PRACTICES

By signing below I acknowledge that I have been offered a paper copy of the HIPAA Notice of Privacy and Practices ("Notice") for Life's Light and Hope, PLLC ("the practice") as well as provided with the opportunity to access the Notice on the practice's website at <u>www.lifeslightandhope.com</u>.



**Clinician Signature** 

Date