**Stacey J Nelson Ph.D. LMFT**
        1200 N. Federal Highway Suite 200
                    Boca Raton FL 33432
     (561) 859-7779   drstacey@bellsouth.net

 [www.drstaceyjnelson.com](http://www.drstaceyjnelson.com)

 **BILLING AND CORRESPONDENCE**

 **P.O. Box 7052, Delray Beach FL 33482**

**ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

The undersigned acknowledges receipt of a copy of the currently effective HIPAA Notice of

Privacy Practices. A copy of this signed and dated acknowledgement shall be effective as the original.

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Signature of Client (or legal Guardian if client is under 18) Date

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Printed Name of Client (or Legal Guardian of Client) dATE