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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF POLICIES AND PRIVACY PRACTICES**

YOU MAY REFUSE TO SIGN THIS DOCUMENT.

The undersigned acknowledges receipt of a copy of the currently effective
Notice of Mental Health Practitioner's' Policies & Privacy Practices.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please Print Client Name

Please Sign Client Name

Date Signed

Thank you. If you have any questions about this form or the attached Notice of Mental Health Practitioner's' Policies & Privacy Practices please contact us to discuss it further.