Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Bloom Counseling Orange County Notice of Privacy Practices (NPP) that I have given you. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice from your therapist, or you can view a copy of it on our website, which is located at www.bloomcounselingoc.com.

If you have any questions about our Notice of Privacy Practices, please contact Sarah McClaran, M.S., LMFT at 30767 Gateway Place, Suite 670, Rancho Mission Viejo, CA 92694.

I acknowledge receipt of the Notice of Privacy Practices of Bloom Counseling Orange County, subsidiary of Sarah McClaran, Licensed Marriage and Family Therapist, Inc.

Client Name: _____ Client Signature: _____Date: _____

Guardian Name: _____ Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

<u>Inability to Obtain Acknowledgement:</u>
I made good faith attempts to obtain the client's

Therapist Signature: _____ Date: _____