

Case #: _____

Leigh Anne Mehldau, LCSW

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Your signature below indicates that you were provided a revised copy of, have read carefully, and agree to the conditions and terms of the revised Notice of Privacy Practices, effective March 25, 2013.

Patient Name: _____ DOB: _____

Patient Signature (or Parent/Legal Guardian): _____

Date: _____

*******Please leave this signature page with Leigh Anne Mehldau, LCSW. Upon request, you will be given a copy for your records. Thank you.**