

**Nadine Durbach, MSW, LCSW
LCS 69911 Private Psychotherapy Practice
Notice of Privacy Practices:
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Nadine Durbach, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact The Secretary of Health & Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201 or by calling (202) 619-0257.

Signature of Client

Date

Patient/Client Refuses to Acknowledge Receipt:

Signature of Therapist

Date