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**Notice of Privacy Practices**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that Mindful Grove Counseling (MGC) has given to you. The Notice of Privacy Practices provides information about how your protected health information (PHI) can be used by this office or disclosed. MGC encourages you to read this document in full.

The Notice of Privacy Practices is subject to change. If changes are made, you may obtain a revised copy by contacting this office.

I acknowledge receipt of the Notice of Privacy Practices of Mindful Grove Counseling.

Client Name:                                                 Date of Birth:

Signature: Date: (client/parent/guardian)