

Orange County Family Therapy  
Individuals\* Couples\* Families\* Adolescents\* Marriage

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Vennus Zand, LMFT #84766  
(949) DIAL-MFT (949) 342-5638  
Corporate Park, Suite 300 Irvine, CA 92602

**Acknowledgement of Receipt of Privacy Practices**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change.

If you have any questions about my Notice of Privacy Practices, please contact me at the address and /or phone number above.

I acknowledge receipt of the Notice of Privacy Practices of Vennus L. Zand, MA., LMFT.

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Signature of Client or Personal Representative/Date

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Signature of Client or Personal Representative/Date

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Printed Name of Client or Personal Representative/Date

Description of Personal Representative's Authority:

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Signature of Therapist/Date

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**Acknowledgement of Receipt of Privacy Practices**

**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patient's acknowledgement of his or her receipt of my Notice of Privacy Practices, including [describe good faith attempts].

However, because of \_\_\_\_\_  
I was unable to obtain my patient's acknowledgement.

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