

Acknowledgement Form



I, _____, hereby acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices form from Jennifer Vezdos, LPC. I also acknowledge that I have read, understood, and agree to the Informed Consent Packet, and have received a copy of the Client Rights form.

Client Signature

Date

(If the Client refuses to sign, note that below and sign your name signifying that you made an attempt to obtain a signature and that you offered them a written copy of the forms.)

Therapist Signature

Date