

TherapyWorks L.L.C.



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Receipt of Notice of Privacy Practices Form

I acknowledge my receipt of TherapyWorks LLC Notice of Privacy Practices Form. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand that TherapyWorks LLC has reserved the right to change its Privacy Practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available upon request or at the first date of treatment following change.

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number