

**Marty Simpson, LMFT, CSAT, CDWF**

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**Acknowledgement of Receipt of HIPAA Notice of Privacy Practices**

I have seen and understand the HIPAA Notice of Privacy Practices for Marty Simpson, LMFT Psychotherapy Services. I know they are posted on her website and that I may retain a copy for my records.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Signature