

*Meghan Renzi, LCSW-C, RYT-200
Therapy and Mindfulness Practices
4405 East West Highway, Suite 311-A
Bethesda, MD 20814
(240)479-4894*

Patient Name:

Date:

ACKNOWLEDGMENT OF THE RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

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

I acknowledge the receipt of Notice of Privacy Practices of Meghan Renzi, LCSW-C, RYT-200.

Patient Name	Signature	Date
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Guardian Name	Signature	Date
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Guardian Name	Signature	Date
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Witness Name	Signature	Date
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