



RAVENSWOOD THERAPY GROUP

Irene Anderson, L.M.F.T. Nancy Randleman, L.C.S.W. Monica Reilly, L.M.F.T. Kate Surmeier, L.S.C.W

Receipt and Acknowledgment of Notice of Privacy Practices

CLIENT NAME: _____

D.O.B: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Ravenswood Therapy Group's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I may contact my therapist at the Ravenswood Therapy Group office.

Signature of Client

Date

Signature of Parent or Legal Representative

Date

Relationship to Client

Client Refuses to Acknowledge Receipt:

Signature of Staff Person

Date