

H. Ameeta Singh, MFT #50409

Licensed Marriage and Family Therapist

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

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If you have any questions about my Notice of Privacy Practices, please contact me at: [415-203-3807](tel:415-203-3807)/
ameetasingh@healingchange.org

I acknowledge receipt of the Notice of Privacy Practices of Ameeta Singh, MFT #50409.

Print Name: _____

Signature: _____
(client/parent/conservator/guardian)

Date: _____

For Couples:

Print Name: _____

Signature: _____
(client/parent/conservator/guardian)

Date: _____