



**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Patient/Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact McClintock Therapies at 301-683-5680.

\_\_\_\_\_  
**Signature of Patient/Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**