



CLIENT'S ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Dr. Lindahl's Notice of Privacy Practices.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Child's Name: _____

Date: _____