

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. 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.

My Notice of Privacy Practices is subject to change; if changes are made you will be forwarded the copy of such changes. If you have any questions about my Notice of Privacy Practices, please contact me in writing and mail to 47 Marchwood Rd
Suite 2A-5 Exton Pa, 19341.

I acknowledge receipt of the Notice of Privacy Practices of Neal Bobal MA, LPC.

Signature: _____ Date: ____/____/____

(patient/parent/guardian)