

KATHY LUCY, LMFT

PRIVACY NOTICE ACKNOWLEDGEMENT FORM

By signing below, I acknowledge that I have received and reviewed the accompanying Privacy Notice and that my questions have been answered to my satisfaction.

Name of Client (Printed)

Signature of Client

Name of Legal Representative
(e.g., Attorney-In-Fact, Guardian,
Parent or Guardian if client is a minor):

Signature of Legal Representative

Relationship to Client

Date Signed ____/____/____