
**RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

My signature below verifies that I have received a copy of Mari Conti, LMFT's Notice of Privacy Practices. I understand that if I have any question regarding the information in this form or my privacy rights that I can ask my therapist at any time.

Client Name: _____

Client Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____