

## Acknowledgement of Receipt of Notice of Privacy Practices

Rakel Delevi, Ph.D., LMFT is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. The Notice of Privacy Practices identifies all potential uses and disclosures of your health information and outlines your rights with regard to your health information.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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