

Karen Seif, MA, LMFT

## 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. My *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 I change my notice, you may obtain a copy of the revised notice from me.

If you have any questions about my *Notice of Privacy Practices*, please contact Karen Seif, M.A., LMFT at PO Box 15551, Rio Rancho, New Mexico 87174, or (505)-226-1447.

I acknowledge receipt of the *Notice of Privacy Practices* of Karen Seif, M.A., LMFT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(patient/parent/conservator/guardian)