

Elizabeth Santana, LCSW PC
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Brooklyn, NY 11242

Acknowledgement of Receipt of Notice of Privacy Practices

By my signature below I, _____, acknowledge that I received a copy of her
Notice of Privacy Practices.

Printed name of client

Signature of client

Date

Signature of LCSW

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the
following:

Name of Representative

Relationship to Client

Date