

**Notice of Privacy Practices:
Acknowledgement of Receipt**

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of the Psychotherapy Offices of Tony Madril, LCSW, BCD. The Notice of Privacy Practices provides information about how your psychotherapist may use and disclose your protected health information. It is encouraged that you read it carefully.

I acknowledge receipt of the Notice of Privacy Practices provided by Tony Madril, LCSW, BCD.

Signature: _____

Date: _____