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**Acknowledgement of Receipt of
Health Insurance Portability and Accountability Act (HIPAA)**

I acknowledge that I have received the HIPAA notice of the office of Brent Kirkley, LPC, LMFT outlining the legal duties and privacy practices of health information about myself. I understand that if this notice changes in anyway, the office of Brent Kirkley, LPC, LMFT will make such changes available to me for viewing.

Client's Printed Name: _____

Client's Signature: _____

Guardian's Signature if minor: _____

Date: _____