



Lauren Dahl, LCSW

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____ **DOB:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lauren Dahl's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Lauren Dahl.

Client Signature
(if 14 years or older): _____ Date: _____

Personal Representative Signature
(if client is a minor): _____ Date: _____
Relation to client: Parent Legal Guardian Power of Attorney/Healthcare

Patient/Client Refuses to Acknowledge Receipt:

Lauren Dahl, LCSW

Date