

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices for Randi V. Love, MA, LMHC.

Signature

Print Name

Date

If client is a minor or an adult who is unable to sign this form:

Signature of Client Representative

Relationship of Client Representative to Client

Randi V. Love, LMHC
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