

**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.

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Signature

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Print Name

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Date

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

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Signature of Client Representative

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Relationship of Client Representative to Client

**Randi V. Love, LMHC**  
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