



Dr. Susannah Smith

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- Clinical Psychologist, Mediation, Parenting Evaluations & Plans
- Business & Systems Consulting; Mergers; Culture; Handbooks
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ACKNOWLEDGMENT OF RECEIPT OF PRIVACY RIGHTS NOTICE/BROCHURE

NAME OF CLIENT: _____

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF DR. SUSANNAH SMITH'S
PRIVACY NOTICE.

CLIENT SIGNATURE

DATE

If not the client, please print name and state legal authority to sign for client

FOR PROVIDER USE ONLY:

Notice of the Privacy Rights was provided to the client or legal guardian or representative today. If client did not sign, it was because:

_____ Client refused to sign

_____ Legal Guardian refused to sign

_____ Client was incapable of signing (explanation below)

_____ Other:

Provider Signature

Date

