HEALTH GROUP PSYCHOLOGICAL SERVICES, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

Client's Name:	Date of Birth/
Parent/Guardian's Name (if client is a minor	·):
By signing below, I hereby acknowledge re Heath Group Psychological Services, Inc.	receipt of the Notice of Privacy Practices of
Signature of Client (Parent or Guardian if client is a	/
Signature of Chene (I arene of Guardian if chene is a	mmor) Dute
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	/
Signature of Client (Parent or Guardian if client is a	minor) Date