

**The Stress Therapist, LLC
Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of The Stress Therapist, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Cheri Flake, LCSW, 3104 Briarcliff Road #98297 Atlanta, GA 30359

Signature of Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Cheri A. Flake, LCSW

For The Stress Therapist, Managing Member

Date