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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you are in agreement that you understand the **Notice of Privacy Policies and Practices**, which describes how your health information may be used and/or disclosed. You may request a copy of this policy and have the right to refuse to sign this Acknowledgment, in which case, there will be documentation concerning a good faith effort to obtain your acknowledgment and the reason why it was not obtained.

Receipt of Privacy Notice acknowledged by:

Signature

Date

Print name

Relationship to patient:

Self

Other

Patient, spouse, legal representative, or beneficiary (patient's spouse may authorize disclosure of patient's health information only when the health information is for the sole purpose of processing an application for health insurance, for enrollment in a health care service plan or an employee benefit plan, and where the patient is to be an enrolled spouse or dependent under the policy or plan).