

**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 310-592-2004.

If you have any questions about my Notice of Privacy Practices, please contact me at:  
Devorah Rodgers, MA, LMFT  
566 S. San Vicente Blvd., Suite 203  
Los Angeles, CA 90048  
310-592-2004

I acknowledge receipt of the Notice of Privacy Practices of Devorah Rodgers, MA, LMFT.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

Date: \_\_\_\_\_