

**FAMILY AND FINANCIAL THERAPY
OF FLORIDA**

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HIPAA- Notice of Privacy Practices- Receipt and Acknowledgement of Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Family and Financial Therapy of Florida LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Family and Financial Therapy of Florida LLC for more information or clarification.

I consent to accept these policies as a condition of receiving mental health services.

Signature of Client

Date

Signature of 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.) and provide appropriate documentation.