

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

I, \_\_\_\_\_, have received and read a printed copy of  
Client or Parent/Guardian (for Child Client)

Melinda Gronen's Notice of Privacy Practices.

By signing this document, I am acknowledging that I have been informed about how my privacy and confidentiality will be maintained by Melinda Gronen, MA, LCSW.

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Providing Notice

\_\_\_\_\_  
Date