

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES
NOTICE

I hereby acknowledge that I have received, read and understand this Notice of Privacy Practices effective September 2013 for the office of Transition Counseling, Inc. and that any questions I have had about it have been answered.

Further, if I have any questions, I can contact Danielle Roginski, LCSW at (561) 779-6711.

Client's name (print) _____

Signature _____ Date _____