



Psychotherapy Office

Receipt and Acknowledgment of Notice of Privacy Policies

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Policies of Howard Lindemann, LCSW. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact:

Howard Lindemann, lcsw
5828 Balcones Drive, Suite 103
Austin, TX 78731-4279

Signature of Client

Date

Signature or 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.) above.

Client Refuses to Acknowledge Receipt:

Howard Lindemann Signature

Date