



## RECEIPT AND ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
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.)