

**Notice of Privacy Practices**  
Receipt and Acknowledgment of Notice

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

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Notice of Privacy Practices for John Gallagher, LMHC. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact John Gallagher, LMHC at 407-719-4590.

\_\_\_\_\_  
Signature of client (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.):

\_\_\_\_\_

\_\_\_\_\_ *Client Refuses to Acknowledge Receipt:*

\_\_\_\_\_  
*John Gallagher, LMHC*

*Date* \_\_\_\_\_