Kristin Leonheart, M.S., LMFT

104 Jones Ferry Rd, Suite J

Carrboro, NC 27510

919-537-9208 kristinwadetherapy.com

**Notice of Privacy Practices**

#### Receipt and Acknowledgment of Notice

#### Patient/Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kristin Leonheart, M.S., LMFT’s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Kristin Leonheart, LMFT, at 919-537-9208.

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**Signature of Patient/Client Date**

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**Signature or Parent, Guardian or Personal Representative \* Date**

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\* If representative, please state your relationship to this individual