**Receipt and Acknowledgement of Notice of Privacy Practices**

I hereby acknowledge that I have read and understood the Notice of Privacy Practices of Chara Therapeutic Services. I have been given a copy of this Notice and understand that if I have any questions or concerns regarding my privacy rights, I can contact Chara Ward at (760) 410-8021 or 1132 San Marino Drive, Suite 204, San Marcos CA 92078.

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Signature of client or client representative Date

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Printed name of client or client representative Relationship to client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of therapist/provider Date

*For Office Use Only*:

If signature was not obtained, state reason here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of therapist/provider Date