



**Acknowledgment of Receipt Of Notice of Privacy Practices,
Cancellation Policy, Release of Information, and
Telephone Contact Numbers**

I hereby acknowledge that I received a copy of the Notice of Privacy Practices. I am aware that I may request a copy of any amended Notice of Privacy Practices at any appointment.

I also acknowledge that I received a copy of the Cancellation Policy and Release of Information.

The telephone numbers at which I may be contacted are:

Home _____
Work _____
Cell Phone _____
Other _____
Any number that I leave on clinician’s voice mail _____

I authorize the clinician to provide any necessary information for my medical insurance carrier. I understand that before sending it, she/he will show me the treatment plan.

Signed: _____

Signed: _____

Date: _____

6000 Executive Blvd., Suite 530
Rockville, MD 20852
301-984-0322

4545 42nd Street NW, Suite 200
Washington, DC 20016
202-363-9191