



Brian Lane LCSW

Psychotherapist

Connecticut License#6808

Notice of Privacy Practices Receipt and Acknowledgement of Notice

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Brian Lane LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Brian Lane LCSW at the address and phone number listed at the bottom of this form.

Signature of Patient/Client

Date

Signature of 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.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date