



Receipt and Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I have received or have been given an opportunity to read a copy of the Notice of Privacy Practices of Gayle Gonzalez-Johnson, LCSW. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Gayle at 919.816.0009 or discuss it with her at my next session.

Client Name (Printed)

Client Signature

Date