###### Johanna Rayman, LCSW

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Westport, CT 06880-5362

309-310-5453

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**Acknowledgment of Receipt of Notice of Privacy Practices**

By my signature below I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. acknowledge that I received a copy of Johanna Rayman’s Notice of Privacy Practices.

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**Signature of client Date**

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**Office use**

I attempted to obtain written acknowledgment of receipt of my Notice of Privacy Practices, but acknowledgement could not be obtained because:

1. Individual refused to sign
2. Communication barriers prohibited obtaining the acknowledgment
3. An emergency situation prevented us from obtaining acknowledgment
4. Other (please specify)

**This form will be retained in your medical record**