

Lauren Gordon, LCSW
3801 Lakeview Parkway Suite 111-131
Rowlett, TX 75088
214.675.3978
Laurengordonlcsw@gmail.com

## Notice of Privacy Practices Receipt and Acknowledgment of Notice

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<sup>\*</sup> If you are signing as a personal representative of another individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).