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Receipt and Acknowledgement of Privacy Notice

Client Name: _____

Date of Birth: _____

I acknowledge that I have received the *Notice of Privacy Practices* (Maryland Department of Health and Your Health Information) containing a more complete description of the uses and disclosures of my health information. I have had an opportunity to read it and have my questions answered. I understand that, should I have any questions regarding my privacy rights, I can contact Ruchi Bhargava at darapsychologicalservices@gmail.com or 301-363-1288.

Client Signature

Date

Client Refuses to Acknowledge Receipt:

Ruchi Bhargava, Ph.D.

Date