## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

BEHAVIOR THERAPY & FAMILY COUNSELING CLINIC, INC. (BTFCC) CENTER FOR ANXIETY & CHRONIC WORRY

I HEREBY ACKNOWLEDGEMENT THAT I HAVE RECEIVED A COPY OF THIS MENTAL HEALTH PRACTICE'S **NOTICE OF PRIVACY PRACTICES.** I FURTHER ACKNOWLEDGE THAT A COPY OF THE CURRENT NOTICE IS POSTED IN THE RECEPTION AREA, AND THAT I WILL BE OFFERED A COPY OF ANY AMENDED **NOTICE OF PRIVACY PRACTICES** AT EACH APPOINTMENT.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

IF NOT SIGNED BY THE PATIENT, PLEASE INDICATE:

## **RELATIONSHIP:**



PARENT OR GUARDIAN OF MINOR PATIENT

BENEFICIARY OR PERSONAL REPRESENTATIVE OF DECEASED PATIENT

## PRINTED NAME OF PATIENT:

Behavior Therapy and Family Counseling Clinic, Inc. - Center for Anxiety & Chronic Worry 2659 Townsgate Rd., Ste. #217, Westlake Village, CA 91361 Phone: 805.379.2800 ~~ Website: www.anxietyandbehaviortherapy.com ~~ Fax: 805.491.8272

