

Libby Howell, Ed.D.  
Licensed Psychologist, Licensed Marriage & Family Therapist

**Acknowledgement of Receipt of PRIVACY NOTICE**  
Original to be maintained in Client's permanent record

I acknowledge that I have received a copy of the office's Notice of Privacy Practices.

\_\_\_\_\_  
**Client** or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name** if signed on behalf of the client

\_\_\_\_\_  
Relationship (parent, legal guardian,  
personal representative, etc.)