

**Mindful Therapy & Consulting, LLC
Notice of Privacy Practices**

ID#(for office use only)_____

Patient/Client
Name_____ **DOB**_____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Mindful Therapy & Consulting, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Elizabeth Matola at Mindful Therapy & Consulting, LLC., 13965 W. Burleigh Rd. Suite 203 Brookfield, WI 53005 or by calling 262-391-8052.

Signature of Patient/Client

Date

Signature or Parent/Guardian/Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

_____ **Patient/Client Refuses to Acknowledge Receipt:**

Signature of Staff Member

Date