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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

Client Name _____

I hereby acknowledge that I have received the Credo Counseling's Notice of Privacy Practices with an effective date of January 1, 2020.

My signature indicates that I understand and agree to the above.

Client Signature _____ Date _____

If you have questions or believe your privacy rights have been violated, you may contact our Privacy Officer at the location listed below. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

HIPAA Privacy Officer
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Washington, D.C. 20201
1•877•696•6775 (toll-free)