Deborah L. Klinger, M.A., LMFT, PC
1415 Broad St
Durham, NC 27705
919-990-1143 deborahklinger.com

Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Patient/Client Name: _____
Date Of Birth:
_____
SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Deborah L. Klinger, M.A., LMFT, PC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Deborah Klinger, LMFT, at 919-990-1143.

_____

Signature of Patient/Client **Date**

_____

Signature or Parent, Guardian or Personal Representative * **Date**

_____

* If representative, please state your relationship to this individual