

**Acknowledgment of Receipt of Notice of Privacy Practices**

**MENTAL HEALTH PROFESSIONALS, INC.**

This is to acknowledge my receipt of MENTAL HEALTH PROFESSIONALS, INC.'s Notice of Privacy Practices (effective date 4/14/03).

By signing this form, I acknowledge that I have been provided a copy of the Notice of Privacy Practices of Mental Health Professionals, Inc.

\_\_\_\_\_  
Signature of client or legal representative

\_\_\_\_\_  
Date