

Vritti Integrative Psychotherapy

Fremont

3417 Evanston Ave N
Suite 304
Seattle Wa 98103

West Seattle

2600 SW Barton St
Suite A24
Seattle Wa 98126

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____
DOB: _____ SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of _____ Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Adriene Taulbee, LMFTA at 253-961-9709.

Signature of Patient/Client

Signature or Parent, Guardian or
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