

**Judith C Cantor MSW**

**ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES  
AND HEALTH CARE PROVIDER DISCLOSURE**

I, \_\_\_\_\_ (patient name) or the parents or  
the legal guardian of the patient, have reviewed the following documents:

(Initial documents received)

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Health Care Provider Disclosure Form

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date