

REBECCA STANWYCK, LCSW, BCD

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Acknowledgement of Notification of Privacy Practices

I have read the Notice of Privacy Practices and been given or offered a paper or electronic copy of it. I understand how my private health information (PHI) may be used and/or disclosed by Rebecca Stanwyck, LCSW, in the course of my consultation or treatment with her. I also understand what my rights are to access or limit access to my PHI, and how to file a complaint if I believe that my privacy rights have been violated.

Name

Date