

Anne Storelli, LPC, LMFT, PLLC  
1709 Legion Rd., Suite 226  
Chapel Hill, NC 27517  
(919) 391-8915  
anne.storelli.lpc.lmft@gmail.com

---

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

I, \_\_\_\_\_, have received a copy of this office's notice of privacy practices.

Client name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is your right to refuse to sign this document.

**FOR OFFICE USE ONLY:**

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

\_\_\_\_\_ Client refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented this office from obtaining it.

\_\_\_\_\_ Other: \_\_\_\_\_