Mary Jane DeWolf-Smith, MA, LMFT 35490 NPI: 1306223789

RECEIPT OF HIPPA NOTICE OF PRIVACY PRACTICES

BY SIGNING THIS FORM, YOU ACKNOWLEDGE RECEIPT OF THE PROTECTED HEALTH INFORMATION NOTICE that I have given to you.

This NOTICE provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

This NOTICE is subject to change. If I change my NOTICE you may obtain a copy of the revised NOTICE from me by contacting me at (415) 827-2975 or mjdswellness@gmail.com.

If you have questions about this NOTICE you may contact me at (415) 827-2975 or mjdswellness@gmail.com.

I/WE ACKNOWLEDGE RECEIPTS OF THE PROTECTED HEALTH INFORMATION NOTICE practices of *Mary Jane DeWolf-Smith, MA, LMFT #35490*

1. Signature: _____ Date:_____

PRINT NAME (Patient/Conservator or Guardian)_____

2. Signature: _____ Date:_____

PRINT NAME (Patient/Conservator or Guardian)_____

Witness:

Signature:_____ Date:_____

Mary Jane DeWolf-Smith, MA, LMFT