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Acknowledgment of Understanding and Receipt

I/We hereby acknowledge that I/we have read, understand, and received a copy of the following forms:

1. Client Rights and Responsibilities
2. HIPAA Privacy Notice

I/we further certify by signature that we agree to the provisions set out in the above forms.

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____