

Heidi Behr, LCSW  
Psychotherapy  
(407) 252-8035

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**Notice of Privacy Practices**  
Receipt and Acknowledgment of Notice

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Heidi Behr, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Heidi Behr, LCSW at 407-252-8035.

\_\_\_\_\_  
Signature of client (or parent/guardian or Personal Representative\*)

\_\_\_\_\_  
Date

\*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

\_\_\_\_\_

\_\_\_\_\_ *Client Refuses to Acknowledge Receipt*

\_\_\_\_\_  
*Heidi Behr, LCSW*

\_\_\_\_\_  
*Date*