

Agoura Hills Counseling
Danielle Ciccone, Licensed Professional Clinical Counselor #4677

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ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received, read, and understood the HIPAA Notice of Privacy Practices for the private psychotherapy practice of Danielle Ciccone, Licensed Professional Clinical Counselor #4677. I have raised any questions I have about it and have received full and satisfactory response.

Client (Print Name): _____

Client (Signature): _____

Date: _____

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____

Date: _____

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____

Date: _____