

**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:** \_\_\_\_\_

**Client (Print Name):** \_\_\_\_\_

**Client (Signature):** \_\_\_\_\_

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