

Kathleen Rapp, LCSW
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License No. LCS12202

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

Client Name _____

Date of Birth _____ SSN _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kathleen Rapp LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Kathleen Rapp, LCSW at 858-793-4580.

Signature of Client Date

Signature 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.).

Patient/Client Refuses to Acknowledge Receipt

Signature of Witness Date