

GLENISE PARROTT, LCSW
8920 Lawyers Road
Suite 23812
Charlotte, NC 28227

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 Glenise Parrott's Privacy Practices.

Signature
of Client

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.).

→ Client Refuses to Acknowledge Receipt:

Glenise Parrott, LCSW

Date