



6400 Canoga Ave., Suite 306 • Woodland Hills, CA 91367 • (818) 631-9608

---

### **ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the Privacy Notice.

The Privacy Notice provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

The Privacy Notice is subject to change. If you have any questions, you may contact:

Nadia Siswanto LMFT  
6400 Canoga Ave., Suite 306  
Woodland Hills, CA 91367  
(818) 631-9608  
nadia@wildhopecounseling.com

I acknowledge receipt of the Privacy Notice of *Wild Hope Counseling*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(client/parent/conservator/guardian)*

---

### **INABILITY TO OBTAIN ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of the Privacy Notice. However, because of \_\_\_\_\_.  
I was unable to obtain my patient's acknowledgement.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_