

Dorothy Hughes, MS, NCC, LMHC
Licensed Mental Health Counselor (IN License 39000908A)
Level III Reiki Practitioner
8465 Keystone Crossing, Suite 208, Indianapolis, IN 46240
765- 237 - 7652 djhugheslmhc@yahoo.com <http://dorothyjhughes.com/>

Effective 04/01/2020

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full. It can be reviewed on my website as well: <http://dorothyjhughes.com/>.

My Notice of Privacy Practices is subject to change. The most recent version will always be at my website at <http://dorothyjhughes.com/> in the Forms section. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at the phone number above.

If you have any questions about my Notice of Privacy Practices, please contact me at the address and /or phone number above.

I acknowledge receipt of the Notice of Privacy Practices of Dorothy Hughes, MS, NCC, LMHC:

Signature: _____ Date: _____

Signature: _____ Date: _____