



Kimberly C. Wong, LCSW

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

Client1: _____ **DOB1:** _____

Client2: _____ **DOB2:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Kimberly Wong, LCSW. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Kimberly Wong, LCSW. I also understand that there is no change in Kimberly Wong's regular policy of protecting my confidentiality to the fullest extent permitted by law.

Signature Client1 (or Parent, Guardian or Personal Representative*) **Date**

Signature Client2 (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:

Kimberly Wong, LCSW **Date**