

ERIKA BISCHOFF, LCSW
CBT Therapist

**RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

My signature below verifies that I have received a copy of Erika Bischoff, LCSW's Notice of Privacy Practices. I understand that if I have any question regarding the information in this form or my privacy rights that I can ask my therapist at any time.

Client Name: _____

Client Signature: _____

Date: _____

Legal Guardian Signature: _____

Date: _____