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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 in compliance with the Health Insurance Portability and Accountability Act (HIPAA). 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.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 925-575-8706.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 699 Peters Avenue, Suite A, Pleasanton, CA 94566.

I acknowledge receipt of the *Notice of Privacy Practices* of Dagmara Svetcov, LMFT.

_____ Client / Parent/ Legal Guardian (PRINT)	_____ Signature	_____ Date
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_____ Client / Parent/ Legal Guardian (PRINT)	_____ Signature	_____ Date
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ACKNOWLEDGEMENT OF RECEIPT OF EMERGENCY AND NON-EMERGENCY CONTACT PROCEDURES

By signing this form, you acknowledge receipt of the *Emergency and Non-Emergency Contact Procedures* of Dagmara Svetcov, LMFT. My *Emergency and Non-Emergency Contact Procedures* provides information regarding my availability between sessions for emergency and non-emergency situations.

I acknowledge receipt of the *Emergency and Non-Emergency Contact Procedures* of Dagmara Svetcov, LMFT.

_____ Client / Parent/ Legal Guardian (PRINT)	_____ Signature	_____ Date
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_____ Client / Parent/ Legal Guardian (PRINT)	_____ Signature	_____ Date
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