



Individual, Couples and Family Counseling
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Acknowledgement

I hereby acknowledge that I have received a copy of the Privacy Practices Notice from Judith Mathews, MFT.

Signature: _____ Date: _____

Print Name: _____

Acknowledgement Refused

On this date, the undersigned client of Judith Mathews, MFT refused or failed to acknowledge receipt of the Privacy Practices Notice.

Date: _____

Name of Client: _____

Reason for refusal/failure: _____

Signature of Provider Employee: _____

File Signed Copy of this Page with Client's Record