

David Turner, MFT

Nevada MFT #0786

527 Plumas St.
Reno, NV 89509

Patient's Acknowledgment of Receipt of Notice of Privacy Practices

Please sign, print your name, and date this acknowledgment form.

I have been provided a copy of David Turner's Notice of Privacy Practices.

- I have been provided a copy of the Notice of Privacy Practices on the "Forms" page of the dturner.com website.
- I prefer to receive a hard copy of the Notice of Privacy Practices during my first visit to the office of David Turner.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____ date: _____

Printed Name: _____

Signature: _____ date: _____

Printed Name: _____

Signature: _____ date: _____

Printed Name: _____