



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

Client Name \_\_\_\_\_  
DOB \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Learning Consultants Notice of Privacy Practices. I understand that if I have questions regarding the Notice or my privacy rights, I can contact Melissa Bozesky.

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Signature of Client or Legal Guardian or Parent of Minor Child \_\_\_\_\_ Date \_\_\_\_\_