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NOTICE OF PRIVACY PRACTICES

CLIENT ACKNOWLEDGMENT

If you are being seen individually, only you are required to sign. If you are being seen in couples or family therapy, all parties over the age of 18 must sign.

I have received the Notice of Privacy Practices from Ann Boekhoff and it is written in clear, language that I understand. The Notice provides in detail, the uses and disclosures of my protected health information that may be made by this practice. It explains my individual rights, how I may exercise these rights, and Ann Boekhoff's legal duties with respect to my private information.

I understand that Ann Boekhoff reserves the right to change the terms of this Notice of Privacy Practices, and that I can obtain a current copy of the Privacy Practices at my request.

I have also received and reviewed a copy of the Summary of Professional Services and Business Policies of Ann Boekhoff.

Signature

Date

Signature

Date