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[www.WestlakeVillageCounselingCenter.com](http://www.WestlakeVillageCounselingCenter.com)

## Notification and Acknowledgement of Notice of Privacy Practices Regarding Protected Health Information

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have a right to a copy of that Notice.

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same location[s] noted above or on our website.

Please acknowledge your receipt of this notification by signing below and returning it to us.

Thank you

Signature: \_\_\_\_\_ Date: \_\_\_\_\_