



LIN HALEY

LMFT # 92501  
LPCC # 7091

## Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing Lin Haley LMFT's Notice of Privacy Practices and Limits of Confidentiality.

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date