

Kimberly Pillsbury, MA, LPC, LCADC, ACS, NCC, LLC
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Notice of Privacy Practice

Receipt and Acknowledgement of Notice

Client Name: _____ DOB: _____

I hereby acknowledge that I have received and/or been given an opportunity to read a copy of Kimberly Pillsbury's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or Privacy rights, I may contact Kimberly Pillsbury.

Signature of Client

Date

Signature of Parent/Guardian

Date

Relationship to Client



Client Refuses to Acknowledge Receipt

Signature of Staff Member