

Gayle Gonzalez-Johnson, MSW, LCSW, ACSW
Licensed Clinical Social Worker specializing in caring,
competent, therapeutic work with adult individuals & couples.

Receipt and Acknowledgment of Notice of Privacy Practices

Client Name (printed) _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Gayle Gonzalez-Johnson, LCSW. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Gayle at 816-0009 or discuss it with her at my next session.

Client Signature

Date

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