

# *Lyme Disease Counseling, LLC*

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## **Notice of Privacy Practices Receipt and Acknowledgment of Notice**

Patient/Client Name: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lyme Disease Counseling, LLC’s Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Brittany Goff, LGSW.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
Signature or Parent, Guardian or  
Personal Representative \*

\_\_\_\_\_  
Date

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\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).