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Notice of Receipt of Privacy Practices

I hereby acknowledge that I have received the Notice of Privacy Practices
from the office of Ellen Shaw-Smith, LICSW, BCN.

1st Signature _____

Print Name Here _____

Check if signature is a parent or guardian of client being seen in this office _____

If signature is of a parent or guardian please print name of child or adult client.

Date _____

2nd Signature _____

Print Name Here _____

Check if signature is a parent or guardian of client being seen in this office _____

If signature is of a parent or guardian please print name of child or adult client.

Date _____