



## **Acknowledgement That You Received Our Privacy Notice**

OutSounding LLC is required by law to keep your health information safe. This information may include:

- \*Notes from your doctor
- \*Your medical history
- \*Your test results
- \*Treatment notes
- \*Insurance Information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used or shared. It also tells you how you can look at and comment on your information.

**By signing this page, you are saying that you have been given a copy of our privacy notice.**

Client Name: \_\_\_\_\_

Client D.O.B.: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_