



Counseling and Wellness Center of South Florida

11011 Sheridan Street, Suite 211  
Cooper City, Florida 33026  
Office-(954) 951-2929 Fax-(954) 252-3767  
www.cwcsf.com

## Receipt of Notice of Privacy Practices Written Acknowledgement Form

I/We, \_\_\_\_\_ have received a copy of  
(client(s) name)

CWCSF's Notice of Privacy Practices.

\_\_\_\_\_  
(Signature of Client or Responsible Party)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client or Responsible Party)

\_\_\_\_\_  
(Date)