

PEGGY GIGLIO  
PSYCHOTHERAPIST

138 W 25 St, Ste 801  
New York, NY 10011  
646.213.0278

### **Client's Acknowledgement of Receipt of Notice of Privacy Practices**

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Peggy Giglio's "Notice of Privacy Practices."

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature:

---

Printed Name:

---

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