



the center for play therapy
Jacqueline Wright, MS MFT

Receipt & Acknowledgement of Notice of Privacy Practices

Client name: _____

Date of birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of The Center for Play Therapy's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jacqueline Wright at 608.334.7182 or playtherapymadison@gmail.com.

Signature of Client

Date

Signature of Parent/Guardian/Appointed Carer*

Date

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

_____ Check here if client refuses to sign receipt

Signature of Therapist

Date

The Center for Play Therapy, LLC
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Child, Adolescent, & Family Psychotherapy

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