

Cynthia M. Mittelmeier, Ph.D.
240 Concord Ave., Suite 2, Cambridge, MA 02138 (617) 876 1246

Client Name: _____ DOB: _____

**Acknowledgement of
Notice of Policies and Practices to Protect the Privacy of Your Health Information**

I acknowledge that I have received a copy of and read the Notice of Policies and Practices to Protect the Privacy of Your Health Information:

Client Signature Date

Cynthia Mittelmeier, Ph.D. Date

**Acknowledgement of
Client-Therapist Service Agreement**

I acknowledge that I have received a copy of and read the Client - Therapist Service Agreement:

Client Signature Date

Cynthia Mittelmeier, Ph.D. Date