

**GLENISE PARROTT, LCSW**  
**1122 Sam Newell Road**  
**Suite 106**  
**Matthews NC 28105**

**Notice of Privacy Practices**  
**Receipt and Acknowledgment of Notice**

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

DOB: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Glenise Parrott's Privacy Practices.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature or Parent, Guardian or

Personal Representative\*

Date \_\_\_\_\_

\_\_\_\_\_  
\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Glenise Parrott, LCSW

\_\_\_\_\_  
Date