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Psychotherapy Office  
of  
Aracely Neeley, LCSW

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**NOTICE OF PRIVACY PRACTICES**

This NOTICE describes how psychological and health information about you may be used and disclosed and how you can get access to this information.

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I have read and received (if requested) and understand the privacy practices information. I understand that my signature on this form acknowledges receipt of these documents and acceptance of the conditions of the privacy policies.

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Client Signature

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Date

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Parent or Guardian

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Date