

**NOTICE OF PRIVACY POLICY**

**PATIENT ACKNOWLEDGEMENT**

**CINCINNATI CENTER FOR PSYCHOTHERAPY & PSYCHOANALYSIS, INC.  
3001 Highland Avenue  
Cincinnati, OH 45219-2315**

I, \_\_\_\_\_, hereby acknowledge that I was given a copy  
(print name above)

of the Notice of Privacy Policy issued by Cincinnati Center for Psychotherapy &  
Psychoanalysis, Inc. on the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name above)

Name of Patient (if other than above): \_\_\_\_\_

\*Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date