

**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