

**Notification Acknowledgement Form**

I acknowledge the receipt of both Melissa R. Giuttari's Informed Consent & Agreement for Psychotherapy and the HIPAA Information form. I understand and agree to comply with these policies. I understand that these policies will always be available to me at Melissa R. Giuttari's office but that I may always request a hard copy if I am unable to access them.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signer (For Adolescent Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Melissa R. Giuttari, MA, LMHC

\_\_\_\_\_  
Date