KidSense Therapy Group
209 Cherry Street
Milford, CT 06460
(203) 874-5437

ACKNOWLEDGMENT AND RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of KidSense Therapy Group's Notice of Privacy Practices.

_____ **I consent** to the information provided to me in the Notice of Privacy Practices.

_____ **I Do not** consent to the information in the Notice of Privacy Practices.

Name of Patient: _____ Date: _____

Signature of Patient or Legal Guardian: _____