

**Malone Therapy PLLC  
Mallory Malone, MA, LMHC, LMFT  
13303 NE 175<sup>th</sup> St., Suite A  
Woodinville, WA 98072  
P: 425.329.6177**

**ACKNOWLEDGMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES AND HEALTH CARE PROVIDER DISCLOSURE**

I, \_\_\_\_\_ [patient name], or the parents or legal guardian of the patient, have reviewed the following documents:

[Initial documents received]

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Health Care Provider Disclosure Form.

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date