## **Acknowledgement of Receipt of**

## **NOTICE OF PRIVACY PRACTICES**

## And

## PROFESSIONAL DISCLOSURE STATEMENT

Melissa Owens LPC, LMHC

By my signature below I ,	
acknowledge that I have received a the Professional Disclosure Statement	copy of the Notice of Privacy Practices and ent for Melissa Owens LPC, LMHC.
Signature	Date
Signature	 Date