

**Metropolitan Counseling Associates, LLC**

7201 Wisconsin Ave., Suite 700

Bethesda, MD 20814

301-654-7770

**Acknowledgement of Receipt of Privacy Practices**

I have received a copy of Metropolitan Counseling Associates, LLC's Notice of Privacy Practices.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Client/Client's Legal Guardian

\_\_\_\_\_  
Date