David Sasso, MD, MPH
Christopher Oleskey, MD, MPH
Anastasia Okoniewski, APRN, DNP
Lisa Lochner, LCSW
Esther Duncan, LCSW

– Receipt of Information –

Re: _____
(patient name)

- I acknowledge that I have received and reviewed a copy of the **Notice of Privacy Practices** currently in effect for the **Elm City Therapeutic Center, LLC.**

- I acknowledge that I have received and reviewed a copy of the **Practice Policies** currently in effect for the **Elm City Therapeutic Center, LLC.**

Signature of Patient/Guardian: _____

Date: _____

If signed by guardian, please note relationship to patient: _____

Clinician signature: _____

Date: _____