

**Amanda E. Norcross, LPC - Intern**  
*Supervised by Candyce Ossefort-Russell, LPC*

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**Acknowledgment of Review of  
Privacy Information Protection Policies**

I acknowledge that I have had the opportunity to review Amanda Norcross's "Notice of How I Protect the Privacy of Your Health Information."

I understand that I may request a copy of this information sheet at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_