

# Julia Fazio, MA, LMFT

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## **Acknowledgement of Review of Notice of Policies and Practices to Protect the Privacy of Your Health Information**

I have reviewed and received a copy of Julia Fazio's Notice of Policies and Practices to Protect the Privacy of my Health Information, which explains how my health information will be used and disclosed.

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**Client Signature**

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**Printed Full Name**

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**Date**