



Heather Kirby, LCSW, CSAC, M.Ed.
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Patient's Acknowledgement of Receipt of Notice of Privacy Policy

Please read the statement below and sign, print your name, and date this acknowledgement form.

I have been advised of Heather Kirby's Privacy Policy. I have been offered a hard copy for my records and am aware that I can also review these on her website at any time.

We have discussed these policies to my satisfaction, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____