

ANNA HEDLY GOEKE, M.A., LMFT

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of this office's notice of privacy practices.

Patient name: _____

Signature: _____ Date: _____

SEATTLE OFFICE: • 711 N. 35TH STREET, SUITE 206, SEATTLE, WA 98103-3420
EASTSIDE OFFICE: 10827 NE 68TH ST, SUITE E • KIRKLAND, WA • 98033-4000
PHONE: 425.576.1804 • FAX: 425.307.6560 • WEB: www.annagoeke.com • EMAIL: anna@annagoeke.com