



**SIouxLAND CHILD & ADOLESCENT
THERAPY SERVICES, LLC**

3700 S. Kiwanis Ave. Suite 4
Sioux Falls, SD 57105
(605) 271-7117
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Website: siouxlandtherapy.com

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT FORM**

Client Name: _____

I hereby acknowledge that I have received the Siouxland Child & Adolescent Therapy Services, LLC Notice of Privacy Practices, with an effective date of September 20, 2013.

Signature of client or legal guardian

Date