



**THE SELF EMPOWERMENT CENTER**  
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**HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE WENT INTO EFFECT ON APRIL 14<sup>TH</sup>, 2003**

I acknowledge receipt of this notice.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_