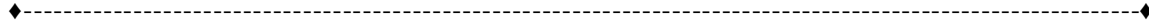


Linda Brase, M.A, LPC

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**Acknowledgement of Review of
Privacy Information Protection Policies**

I acknowledge that I have had the opportunity to review Linda Brase’s
“Notice of How I Protect the Privacy of Your Health Information.”

I understand that I may request a copy of this information sheet at any
time.

Signature

Date

FOR MY RECORDS