



Anderson-Smith
SPEECH THERAPY LLC
Play with Purpose

6100 W 41st St Suite 102
Sioux Falls, South Dakota 57106
Jessica@andersonsmithspeech.com
605.271.1852

Receipt of Notice of Privacy Practices

Patient name

DOB

I, _____ (print name),
certify that I am the parent/legal guardian of the child named
above and hereby acknowledge receipt of Anderson-Smith
Speech Therapy, LLC's 'Notice of Privacy Practices'.

Signed

Date