

Maggie Weisenberger, LCSW-S, RYT  
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**Notice of Privacy Practices Signature Page**

I understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Maggie Weisenberger, LCSW-S, RYT/ Wise Zen Therapy, PLLC Notice of Privacy Practices. I understand that if I have any questions regarding the notice to my privacy rights, I can contact Maggie Weisenberger, LCSW-S, RYT. By signing below, I agree to comply with them:

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\_\_\_\_\_  
Client name (print)

\_\_\_\_\_  
Date

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Client name (sign)