

Receipt and Acknowledgment of Privacy Practices Notice

Client Name: _____

Parent/Guardian Name (if applicable): _____

Date of Birth (identified client): _____

I hereby acknowledge that I have received a copy of Delta Family Counseling, LLC. Notice of Privacy Practices and had the opportunity to ask questions and discuss the privacy rights described therein. I understand that if I have further questions regarding the Notice or my privacy rights, I can contact my therapist at her telephone number.

Signature of Client

Date

Signature of Parent, Guardian, or Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Client refused to acknowledge receipt:

Signature of Staff Member

Date