

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

I hereby acknowledge that I have received and have been given the opportunity to read the *LifeCare Counseling LLC Notice of Privacy Practices*. I understand that if I have any questions regarding this notice or my privacy rights, I can contact LifeCare Counseling at the above contact address.

Client Name (Please Print)

Client DOB

Client Signature

Date

Parent/Guardian Signature*

Date

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

Client refuses to Acknowledge Receipt: