

LISA BARBER, M.Ed., Licensed Professional Counselor

**ACKNOWLEDGEMENT OF REVIEW OF
NOTICE OF PRIVACY PRACTICES and
CLIENT RIGHTS AND RESPONSIBILITIES**

I have reviewed this office's Notice of Privacy Practices, which explains to me how my medical and health information may be used and disclosed. I have also reviewed my rights and responsibilities as a client receiving counseling services through Family Connections Counseling. I understand that I am entitled to receive a copy of these documents at my request.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Counselor's Signature

Date