Melissa Shane Counseling Services LLC

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have received and have been given an opportunity to read a copy of Melissa Shane Counseling Services, LLC Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer, Melissa Shane, LCPC, at 309 369 3498.

Signature of Client

Signature of Parent of Guardian or Personal Representative

Date

Signature of Therapist