



Megan Gillespie, LCSW
PLLC

Receipt of Notice of Privacy Practices & Texas Limits of Confidentiality:

Please initial the statements below:

_____ I had the opportunity to read, review, ask questions regarding, and obtain a copy of the Notice of Privacy Practices. (See document "Notice of Privacy Practices")

_____ I had the opportunity to read, review, ask questions regarding, and obtain a copy of the Texas Limits of Confidentiality.

_____ I understand if I have any questions regarding the above documents, I can contact Megan Gillespie, LCSW at 512-693-7451.

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 (e.g. Power of Attorney, healthcare surrogate, etc.).

Print Name of Client

Date

Megan Gillespie, LCSW, PLLC

Date

Client Refuses to Acknowledge Receipt:

Megan Gillespie, LCSW, PLLC

Date