

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. The Notice describes how my mental health information/protected health information (PHI) may be used or disclosed. I understand that I should read it carefully, I am aware that the Notice may be changed at any time. I may obtain a received copy of the Notice by calling (253)242-2795 or by requesting one at Your Song Counseling.

Client Signature: _____

Date: _____

Printed Name: _____

**As the parent/guardian/representative of the above individual, I acknowledge receipt of the Notice of Privacy Practices on his or her behalf.

Parent/Guardian/Representative's

Signature: _____

Printed Name: _____

Date: _____