

## TIDEWATER PASTORAL COUNSELING SERVICES Acknowledgement of Receipt of Notice of Privacy Practices

## Acknowledgement of Receipt:

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Tidewater Pastoral Counseling Services. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may receive a revised notice from our Privacy Officer, Mrs. Cathy Townsend at 757-623-2700. Our Notice of Privacy Practices is also posted on our web site at <a href="https://www.tidewaterpastoral.org">www.tidewaterpastoral.org</a>.

I acknowledge receipt of the notice of Privacy Practices of Tidewater Pastoral Counseling Services.

I further authorize TPCS to use my Personal Health Information in billing activities.

Signature.	Date			
Print Name: Telephone:				
Client's Name (if not the same as above):	·			
Indicate your relationship to the clie Parent or guardian of minor of Guardian or conservator of a Beneficiary or personal representations.	client n incompetent patient			
Inability to obtain Acknowledgement:				
For office use only:				
To be completed only if no signature is obtaindividual's acknowledgement, describe the acknowledgement and the reasons why it was acknowledgement and the reasons who it was acknowledgement.	good faith effort made to obtain the			
Privacy Officer Signature:	Date:			