

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 www.tidewaterpastoral.org

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 client:

_____ Parent or guardian of minor client

____ Guardian or conservator of an incompetent patient

Beneficiary or personal representative of deceased client

Inability to obtain Acknowledgement:

For office use only:

To be completed only if no signature is obtained. it is not possible to obtain the individual's acknowledgement, describe the good faith effort made to obtain the acknowledgement and the reasons why it was not obtained.

Privacy Officer Signature: Date: