

Empowering Relief Counseling, PLLC  
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## Acknowledgement of Receipt of Notice of Privacy Practices

Full Legal Name:	Date of Birth:
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Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), clients have certain rights regarding the use and disclosure of their protected health information. By signing below, you acknowledge that you have received a copy of ERC's Notice of Privacy Practices.

Your signature also indicates you understand that if you have any questions regarding the Notice or your privacy rights, you can contact Jacob Jacquez at 5802 S 900 E, Unit 1, Murray, UT 84121.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date