

**Welcome Counseling Services**

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2809 Regal Rd., Ste. 110

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**Acknowledgment of Receipt of HIPAA Notice of Privacy Practices**

I hereby acknowledge that I have been given an opportunity to read and receive a copy of Welcome Counseling Services' Notice of Privacy Practices (NPP).

I understand that if I have any questions regarding the notice of my privacy rights, I can contact Judy Clark, the Privacy Officer for Welcome Counseling Services.

Please include yourself and any minor children you have legal responsibility for who will be involved in receiving services. Please use additional copies if needed.

Client's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Minor's Name: \_\_\_\_\_ DOB \_\_\_\_\_

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*Signature of Client (for self and minor children)* *Date*

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*Signature of 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 (power of attorney, healthcare surrogate, etc.).*

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*Signature of Counselor* *Date*