

The Counseling Shop

11224 86th Ave. N
Maple Grove, MN 55369
Phone 763-400-7075

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____ SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of _____ Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer, Patty Hill, MSW, LICSW at 763-400-7075.

Signature of Patient/Client

Signature or Parent, 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.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date