

**Mindock Counseling and Consulting
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**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

I have read and received a copy of the Notice of Privacy Practices and Clients Rights document. May I contact you at home: (circle one) **yes no?** May I contact you at work **yes no ?** May I contact you by cell phone **yes no ?** Cell number: _____ Where may we contact you? _____

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