

**RECEIPT AND ACKNOWLEDGMENT OF
NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS**

Name of Person Served: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Family & Personal Counseling Services' Notice of Privacy Practices for Protected Health Information. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact my clinician.

Signature of Client Date

Signature of Parent/Guardian/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)

Client Refuses to Acknowledge Receipt:

This notice was explained to:

_____ on _____
Name of Client Date

Signature of FPCS Clinician Date