

**COUNSELING CLINIC LTD.**  
**Notice of Privacy Practices**  
**Receipt and Acknowledgement of Notice**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Counseling Clinic LTD's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jean Perry, Privacy Officer at (618) 659-9111.

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**Signature of Patient/Client**

**Date**

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**Signature or Parent, Guardian or Personal Representative\***

**Date**

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**\*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:**

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**Signature of Staff Member**

**Date**