



## **NOTICE OF PRIVACY PRACTICES**

### **Client's Acknowledgement of Receipt**

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I acknowledge that I have received/denied a copy of the Notice of Privacy Practices of The Samaritan Counseling Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Relationship/Authority: \_\_\_\_\_