



Samaritan Counseling Center, INC.  
dba The CENTER, a Samaritan Counseling  
Center

Notice of Privacy Practices

Client's Acknowledgement of Receipt

Client (Patient) Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client/Patient or authorized representative)

Relationship/Authority: \_\_\_\_\_  
(If signed by authorized representative)