

# SAMARITAN COUNSELING CENTER

## DBA The CENTER, a Samaritan Center

### Notice of Privacy Practices

### Client's Acknowledgement of Receipt

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden/Other Name (if Applicable): \_\_\_\_\_

I acknowledge that I have received/denied a copy of the Notice of Privacy Practices of The CENTER, a Samaritan Center effective August 16, 2017.

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

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