

Vancouver Counseling Group, LLC
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(360) 718-8030 · (877) 861-5430 fax

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Vancouver Counseling Group's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Vancouver Counseling Group at the above address and phone number.

Signature of Patient/Client **Date**

Signature or Parent, Guardian or 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.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**