

Brighter Futures Counseling, PLLC

Client Acknowledgment of Receipt and Understanding of Privacy Practices

This notice was published and becomes effective on June 18th, 2014.

Client Name: _____ DOB: _____

I hereby acknowledge that I have received and/or have been given an opportunity to read a copy of Brighter Futures Counseling, PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Linda Priddy at 1002 North Mulberry Street, Elizabethtown, KY 42701, 270-982-9292

Client Signature

Date

Parent Guardian Signature (if Client is a Minor)

Date

Witness

Date

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date