

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Patient Name: _____

Date of Birth: _____ SSN: _____

I hereby acknowledge that I have received and have been given the opportunity to read a copy of Counseling Solutions of Alaska, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy right, I can contact the clinic.

Signature of Client

Date

Signature of Parent/Guardian

Date

_____ Client refuses to acknowledge receipt

Signature of Staff Member

Date