

ACKNOWLEDGEMENT of CLIENT HANDBOOK AND PRIVACY PRACTICES (HIPAA)

WESTERN PSYCHOLOGICAL AND COUNSELING SERVICES, PC

I acknowledge that I have had the opportunity to review the Western Psychological and Counseling Services, “Client Handbook” and all of its contents, including a “notice of privacy practices” and that any of my questions regarding these practices have been answered. I understand that I may receive a copy of this document if I request one.

Client Name, please print

Client Date of Birth

Client or Personal Representative Signature

Date

If personal representative’s signature appears above, please complete the following:

Print Personal Representative’s Name

Relationship to Client