

# Notice of Privacy Practices

## Receipt and Acknowledgment of Notice

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of New Perspective Counseling's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact New Perspective Counseling at 248 563-0587.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 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.).

\_\_\_\_\_  
 **Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**