

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

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

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Alliance Counseling and Wellness Coaching, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dalton L. Rumfield, Jr., M.S., NCC, LPC.

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