



## Notice of Privacy Practices Acknowledgment Form

I have received, read, and understand the Notice of Privacy Practices for HeartSphere Counseling, Inc. In addition, I have had all my questions answered with regard to this Notice.

My signature below indicates that I understand and agree with the above statement.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

If you are signing as a personal representative of the client, describe your relationship to the client and the source of your authority to sign this form.

Relationship to client \_\_\_\_\_ Print name \_\_\_\_\_