

Notice of Privacy Practices and Clients Rights

Receipt and Acknowledgement of Notice
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Client Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Cathy Weeg's Notice of Privacy Practices and Client Rights. I understand that if I have any questions regarding the notice of privacy rights, I can contact Cathy Weeg at (907)590-8384.

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

____ Client Refuses to Acknowledge Receipt:

Cathy Weeg, LPC

Date