

---

**Notice of Privacy Practices and Clients Rights**

<b>Receipt and Acknowledgement of Notice</b>
--

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

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

Social Security Number: \_\_\_\_\_

Contact Preference: \_\_\_\_\_

Referred By: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jennifer Danhauser'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 Jennifer Danhauser at (907) 978-4978.

---

**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:

---

Jennifer Danhauser, LPC

Date