



Labyrinth Counseling & Consulting Center, LLC  
*Journey to the Heart*

## Acknowledge of Receipt of Notices of Privacy Practices

Labyrinth Counseling & Consulting Center's *Notice of Privacy Practices* contains information regarding potential uses and disclosures of my protected health information (as that term is defined in the Health Insurance Portability and Accountability Act of 1996 "HIPAA"). The *Notice of Privacy Practices* contains information regarding potential uses and disclosures of my protected health information (PHI) that may be made by Labyrinth Counseling & Consulting Center, and my rights and Labyrinth Counseling & Consulting Center's legal duties with respect to my protected health information.

I hereby acknowledge that I had the opportunity to review Labyrinth Counseling & Consulting Center's *Notice of Privacy Practices*, and obtain a copy, if I so choose.

\_\_\_\_\_  
Client's Name *(please print)*

\_\_\_\_\_  
Parent's Name *(please print)*

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Please sign and return this Acknowledgment, it will be maintained in your file.*