Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices

_____ _____

Signature Date

Relationship to Patient if signed by someone other than patient

Parent ☐ Guardian ☐ Other (please specify)_____

Permission to leave Messages

By signing below, I give the Staff at Refuge Counseling Center LLC and its associates permission to leave detailed appointment information on my answering machine at the phone number(s) and email that I have provided their office. I understand that I have the right to revoke this authorization at any time.

_____ _____

Client Signature or Legal Guardian Date

_____ _____

Printed Name Date