

**NorthStar Counseling Services  
114 South Second Street  
Phillipsburg, NJ 08865**

Phone: 908-329-2144

www.nortstar-counselingservices.com

Fax: N/A

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of NorthStar Counseling Services Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact my therapist at 908-329-2144.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
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 (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date