

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

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Womenscare Counseling and Training Center's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Business Office at 847-475-7003, ext. 23.

Signature of Client

Date

Signature or Parent, Guardian or Personal Representative * Date

(Required if client is under 12 years of age or has been adjudicated incompetent)

* *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.).*

Client Refuses to Acknowledge Receipt:

Signature of Therapist or Staff Member

Date



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