

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

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

**DOB:** \_\_\_\_\_

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.

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**Signature of Client**

**Date**

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**Signature or Parent, Guardian or Personal Representative \* Date**

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

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\* *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:**

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**Signature of Therapist or Staff Member**

**Date**



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