

**HAVEN COUNSELING**

4099 McEwen, Suite 600  
Dallas, Texas 75244

Phone: 972-387-389 [www.havencounseling.com](http://www.havencounseling.com) Fax: 972-387-3987

**Notice of Privacy Practices  
Receipt and Acknowledgement 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 Haven Counseling Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at Haven Counseling.

\_\_\_\_\_  
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