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Notice of Acknowledgement

Name _____

I hereby acknowledge that I have received a copy of the NOTICE OF PRIVACY RIGHTS. I further recognize that I am required by State and Federal law to understand these legal responsibilities and will maintain the privacy of all individuals and all protected information on these premises.

Name

Date

The NOTICE OF PRIVACY RIGHTS was presented to the client or legal guardian today but the client or legal guardian did not sign this acknowledgement because:

_____ The client refused to sign.

_____ The legal guardian refused to sign.

_____ The client was incapable of signing.

_____ Other _____

Therapist

Date