

NOTICE OF PRIVACY PRACTICES RECEIPT & ACKNOWLEDGMENT OF NOTICE

Directions: Please include yourself and any minor children you have legal responsibility for (*conservatorship, guardianship, "custody," etc.*). Please use additional copies if needed.

Client(s): _____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Texas Premier Counseling Services' **Notice of Privacy Practices**, which are also available online at <http://www.texaspcs.org>. I understand that if I have any questions regarding the Notice and/or my privacy rights, I can contact Ms. Logan, the Privacy Officer for Texas Premier Counseling Services, at the following address and telephone numbers below:

Texas Premier Counseling Services

190 E. Stacy Rd., Suite 306 #325
Allen, TX 75002
p: (972) 895-2502, Ext. 101
f: (972) 649-4434

www.texaspcs.org

Signature of Client (*for self and minor children*)

Date

Signature of Guardian or Personal Representative*

Date

** If you are signing as a personal representative of another individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*