

HAVEN COUNSELING
16901 N. Dallas Pkwy, Suite 107
Addison, TX 75001

Phone: (972) 387-3898

www.havencounseling.com

Fax: (972) 387-3987

Notice of Privacy Practices
Receipt and Acknowledgment 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 or 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