



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

Client Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of West Houston Counseling Center's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can talk to my counselor about it or contact Jana Henry or Melissa Melnar at West Houston Counseling Center. I understand that I may also contact the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201.

Signature of Client

Date

Signature of Parent, Guardian or
Personal Representative

Date

(If client is under 18 years of age) * If you are signing as a personal representative, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt (reason):

Signature of Staff Member

Date

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