



**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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