

Life Guide Counseling Services

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Acknowledgment of Receipt of HIPAA Notice of Privacy Practices

I hereby acknowledge that I have been given an opportunity to read and receive a copy of Life Guide Services' Notice of Privacy Practices (NPP), which is also available online at <http://www.lifeguidetexas.com>

I understand that if I have any questions regarding the notice of my privacy rights, I can contact Shea Alexander, the Privacy Officer for Life Guide Counseling Services.

Please include yourself and any minor children you have legal responsibility for who will be involved in receiving services. Please use additional copies if needed.

Client's Name: _____ DOB _____

Minor's Name: _____ DOB _____

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 an individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Signature of Counselor *Date*