

**Meaningful Connections Counseling, PLC**  
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY**  
**PRACTICES**

\_\_\_\_\_  
Name of Client

By signing below, I am saying that I have been given a copy of the Notice of Privacy from Meaningful Connections Counseling. I know that I may ask questions about this information. Also, I can ask for limits on how my information is used or released by contacting the Privacy Officer at (269) 459-9790.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
If signed by Personal Representative, relationship to client

\_\_\_\_\_  
Date

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**For Office Use ONLY:**

**Documentation of Good Faith Effort**

Meaningful Connections Counseling will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the Individual. If written acknowledgement is not obtained, Meaningful Connections Counseling must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

Notice mailed to consumer/guardian but acknowledgement form was not returned \_\_\_\_\_  
Physically unable to sign \_\_\_\_\_  
Declined to sign \_\_\_\_\_  
Stated s/he already had a copy \_\_\_\_\_

\_\_\_\_\_  
Therapist/Case Manager Signature

\_\_\_\_\_  
Date