# C:\Users\Mary Lee\Pictures\TheTherapyShop\logo.png *The Therapy Shop*

760 Southcross Drive West, #103

 Burnsville, MN 55306

## acknowledgement of receipt of notice of privacy practice:

|  |
| --- |
| This is to acknowledge receipt of a copy of the Notice of Privacy Practice: |
| Client’s Name: |  |
| Client’s Signature: |  | Date: |  |
| Legal Guardian (if applicable)\*: |  |
| *\*May be requested to provide verification of representative status.*  |

##

## Electronic/Voice Communications:

*Please note that communication through the formats of email and texts are not as secure and protected related to privacy. However, many of our clients prefer to communicate through this means.*

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| --- |
| Email:  |
| The following signature allows communication through email.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| My Email Address: |  |

 |
| Text Messages: |
| The following signature allows transfer of communication through text messaging.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| My Cell Phone #: |  |

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| Voicemail: |
| The following signature allows messages to be left on voicemail at the indicated phone number.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Preferred Phone #: |  |

 |

##  *Discuss specific boundaries around the use of this information and make notes here:*