Amber Fry Counseling, PC

101 Enterprise Drive

Gretna, NE 68028

Phone: 402-315-3522 Fax: 402-614-6174

**Notice of Privacy Practices**

**Receipt and Acknowledgment of Notice**

**Patient/Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Amber Fry Counseling, PC’s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Amber Fry, LIMHP.

Signature of Patient/Client Date

Signature of Parent/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, etc.)

\_\_\_ Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member Date