



**Receipt and Acknowledgement of the Notice of Privacy Practices**

Client Name: \_\_\_\_\_

I hereby acknowledge that I have:

received a hard copy of  reviewed on-line

the Burke & Unger LifeWorks Counseling LLC Notice of Privacy Practices.

\_\_\_\_\_  
Signature of 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, healthcare surrogate, etc.)

Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date