

Receipt and Acknowledgment of Privacy Notice

*Signing this form is an acknowledgment that you had the opportunity to read the HIPAA Privacy Notice shown on the MMH Counseling Services website
Please print to sign*

Client Name _____ **DOB** _____

I hereby acknowledge that I have been given an opportunity to read a copy of MMH Counseling Services' Notice of Privacy Practices. I understand that if I have any questions regarding said Notice, I can contact Margo Heintz at 304 Broadway St. Suite 204 Mt. Pleasant, MI 48858.

Client Signature **Date**

office use:

Client refused to Acknowledge Receipt of Privacy Practices

Signature of Staff Member