

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Donna Kirby's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Donna Kirby, LPC-S, 12800 Hillcrest Rd, Dallas, TX 75230, 214-507-0448.

Signature of Patient/Client

Signature or 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.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member Date