



**The Center for Counseling & Training**  
**109 S. 10<sup>th</sup> Street Lexington, Missouri 64067**  
**Phone 660.259.3900 Fax 660.259.9127**

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.

We are required by law to offer all patients a copy of our Notice of Privacy Practices.

Patient Acknowledgment of Receipt

I, \_\_\_\_\_, hereby acknowledge I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specify Relationship to Client