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**Acknowledgement of Receipt of *Privacy Notice Form
and
Counseling Policy Information Form**

Client Name _____

Date of Birth _____

I have received both the Privacy Notice Form and the Counseling Policy Form.

(Client Name or **Personal Representative Signature)

(Date)

**If signed by Personal Representative, state relationship to client:

*I have received this practice's Notice of Privacy Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise those rights and the practice's legal duties with respect to my protected health information.

I understand that this practice reserves the right to change the terms of its Privacy Practices and to make changes regarding all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices upon request.