

Falcon Counseling LLC

Falcon Counseling LLC Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy to the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully, I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 208.366.9476.

Date

Signature **

Client's printed name if 14 years of age or older

**As the parent / guardian / representative of the above individual, I acknowledge receipt of the Notice of Privacy Practices on his or her behalf.

Signature

Relationship

Printed name

Date

First MI. Last

Client Name:	Date:	Client ID#
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