

## SOLUTION FOCUSED FAMILY CENTER



## Interview Offices:

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## NOTICE OF PRIVACY PRACTICES

## **RECEIPT AND ACKNOWLEDGEMENT OF NOTICE**

**Directions:** Please include yourself and any minor children you have legal responsibility for (conservatorship, guardianship, "custody," etc.). Please use additional copies if needed.

I hereby acknowledge that I have received, read, and understand Solution Focused Family Center's Privacy Policy. This is also available online at <http://www.solutionfocusedcounselingcenter.com>. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Mindy Harrison, LCSW-S, the Privacy Officer for Solution Focused Family Center, at the address and telephone numbers above.

***Signature of Client (for self and minor children)***

*Date*

***Signature of Guardian or Personal Representative***

*Date*

*\* If you are signing as a personal representative of another individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*