

SOLUTION FOCUSED FAMILY CENTER



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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.

Client(s): _____ DOB _____

_____ DOB _____

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.).*

