

## PRIVACY NOTICE ACKNOWLEDGEMENT

As a client of Life Counseling Center, I acknowledge that the Privacy Notice required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that prescribes legal duties and privacy practices to protect the privacy of my individually identifiable health information, by Life Counseling Center, has been made available at [www.lifecounsel.org](http://www.lifecounsel.org).

Client Name or Guardian \_\_\_\_\_

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

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