



The Refuge Center
FOR COUNSELING

I acknowledge I have received a copy of The Refuge Center for Counseling's Practice Policies and the Notice of HIPAA Privacy Practices, which describes how my health information is used and shared. I understand that The Refuge Center for Counseling has the right to change this Notice at any time. I may obtain a current copy by contacting The Refuge Center for Counseling, or by visiting the website www.refugecenter.org.

Client(s) Printed Name(s): _____

Client(s) Signature(s): _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Practice Policies and HIPAA agreements, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prohibited obtaining acknowledgement
- Other (please specify): _____

Signature of Therapist

Date