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Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that was given to you. Intelligent Counseling Solutions, LLC Notice of Privacy Practices provides information about how ICS and their independent therapist(s) may use and disclose your protected health information. ICS encourages you to read it in full.

This Notice of Privacy Practices is subject to change. If ICS changes this notice, you may obtain a copy of the revised notice from us by calling 407.325.5521.

If you have any questions about the Notice of Privacy Practices, please contact me at: 1345 Clay Street, Winter Park, FL 32789

I acknowledge receipt of the Notice of Privacy Practices of Center for Enriching Relationships, Inc.

Signature: _____ Date: _____
Client/parent/conservator/guardian

Signature: _____ Date: _____
Client/parent/conservator/guardian

Therapist: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my clients acknowledgment of his or her receipt of This Notice of Privacy Practices, including _____.

However, because of _____
was unable to obtain my client's acknowledgment.

Signature of Provider: _____ Date: _____