

**Rochester Counseling Solutions**

1344 University Ave Suite 230

Rochester NY 14607

**Notice of Privacy Practices**

**Receipt and Acknowledgement of Notice**

**Client Name** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kelly Ardieta LCSWR's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Kelly Ardieta LCSWR at 585-271-3090. I may also contact the Secretary of Health and Human Services at 200 Independence Ave, S.W. Washington, D.C. 20201 or by calling 202-619-0257.

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**Signature of Client**

**Date**

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**Signature of Parent, Guardian or Personal Representative**

**Date**

**Client refuses to acknowledge receipt**

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**Signature of Staff Member**

**Date**