

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 Robert Hawkes, LMHC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Robert Hawkes, LMHC at (585) 271-3090 ext. 2. 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.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative

Date

Client refuses to acknowledge receipt

Signature of Staff Member

Date