

AK Counseling, Inc.

313 Price Place, Suite 207 | Madison, WI 53705 608.567.4648

Notice of Privacy Practices (HIPAA) Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____ **Last 4 digits of SSN:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of AK Psychotherapy Inc.'s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Alison Kilkelly (owner of AKCI) at 608-567-4648.

Signature of Client **Date**

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

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Alison Kilkelly **Date**