

*Kristin Finch Counseling*

I acknowledge I have received a copy of Kristin Finch Counseling’s Practice Policies and the Notice of HIPAA Privacy Practices, which describes how my health information is used and shared. I understand that Kristin Finch Counseling has the right to change this Notice at any time. I may obtain a current copy by contacting Kristin Finch Counseling, or by visiting the website [kristinfinchcounseling.com](http://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 HIPPA 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):

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Signature of Therapist Date

Kristin Finch Counseling  1410 17th Ave. S., Nashville, TN 37212  615.807.0716