

Client Name: _____

Client Date of Birth: _____

Receipt of HIPPA Documentation of Privacy Practices

Clouse Counseling, LLC/Wildflowers Counseling

Noelle W. Clouse, LMHC

. Email: noellewclouse@wildflowerscounseling.net

I have received a copy of the Notice of Privacy Practices for Clouse Counseling, LLC/Wildflowers Counseling.

Name of Client

Signature of Client (if age appropriate)

Signature of Client's Parent/Guardian/Representative

Relationship to Client

Date