

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Patient/ Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jacob Lazarov Counseling "Notice of Privacy Practices/ informed consent". I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jacob Lazarov @ 307 E. Michigan St. Mount. Pleasant, MI 48858.

Signature of Patient/ Client

Date:

Signature or Parent or Guardian

Date:

Signature of Staff Member

Date
