

**Spiritual Family Counseling, LLC.**

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**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of Spiritual Family Counseling, LLC's Notice of Privacy Practices. This Notice of Privacy Practices provided information about how I may use and disclose your protected health information. I encourage you to read it in full. This Notice of Privacy Practices is subject to change. You may, at any time, inquire of changes and request a copy of the changes if any have occurred by contacting me directly. If you have general questions about this notice, please contact me at the information above.

I, \_\_\_\_\_, acknowledge receipt of the Notice of Privacy Practices of Spiritual Family Counseling, LLC.

Client/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

***INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES***

I made good faith attempts to obtain my patient's acknowledgement of his or her receipt of my Notice of Privacy Practices, including, but not limited to:

\_\_\_\_\_  
\_\_\_\_\_

However, because of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I was unable to obtain my patient's acknowledgement.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_