

Four Elements Integrative Counseling, LLC

The Park Center II
3681 South Green Road, Suite 406 Beachwood, Ohio 44122

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Four Elements Integrative Counseling Services Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Siobhán Malavé, LISW - S or the Secretary of Health and Human Services.

Signature of Patient/Client **Date**

Signature or 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 Staff Member **Date**