



**AMMIRATI
COUNSELING**

Empowering Your Relationships

2211B Lakeside Drive
Bannockburn, IL 60015

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Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from Ammirati Counseling. This notice provides information about the ways in which I may use and disclose your protected health information. I encourage you to read it in full.

The Notice of Privacy Practices is subject to change. You may ask me at any time for a copy of the current notice, either in person, or by contacting me at 847-217-9381, or the addresses above.

I acknowledge that I have received the Notice of Privacy Practices.

Client Printed Name Client Signature (Age 12 and over) Date

Witness Printed Name Witness Signature Date

If client is a minor:

Parent/Guardian Printed Name Parent/Guardian Signature Date

If meeting for couple's counseling:

Spouse of Client Printed Name Spouse of Client Signature Date

If no signature is obtained above, describe the good faith efforts made to obtain the individual's acknowledgement and the reasons why it was not obtained.

Therapist Printed Name Therapist Signature Date