# Transforming Tomorrows Counseling Center
# 120 W. Virginia, Ste. 203
# McKinney, TX 75069

**Phone: (214) 762-5617** **www.mckinneycounseling.com**

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

Patient/Client Name:_____
DOB: _____ SSN:_____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of _____ Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at Transforming Tomorrows Counseling Center, 120 W. Virginia, Suite 203, McKinney Texas 75069.

_____
Signature of Patient/Client

_____
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