

**Transforming Tomorrows Counseling Center  
201 W. Virginia, Ste. 302c  
McKinney, TX 75069**

Phone: (214) 762-5617    [www.mckinneycounseling.com](http://www.mckinneycounseling.com)

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

Client Name: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Transforming Tomorrows Counseling Center's 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, 201 W. Virginia, Suite 302c, 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