TRINITY COUNSELING SERVICES LLC
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Client Name_____Client Number_____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

You have the right to request restrictions on certain uses and disclosures of your treatment information. Trinity Counseling Services LLC is not required to agree to any restrictions you request, but if it does agree then is bound by that agreement and may not use or disclose any information which you have restricted except necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Trinity Counseling Services LLC will accommodate such requests that are reasonable and will not request an explanation from you. You also have the right to inspect and copy your own treatment information maintained by Trinity Counseling Services LLC except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

You also have the right, with some exceptions, to amend health care information maintained in Trinity Counseling Services LLC's records, and to request and receive an accounting of disclosures of your treatment related information made by Trinity Counseling Services LLC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

If your first date of service with us is due to an emergency, we must try to give you this notice and obtain your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

( ) I have received Trinity Counseling Services LLC's Privacy Notice

( ) Trinity Counseling Services LLC has given me the chance to discuss my concerns and questions about the privacy of my treatment information.

STAFF ONLY

If the client refuses to sign the above: Has the client been given a copy of the Privacy Notice? ( ) Yes ( ) No
Explain below why the client was unable/ unwilling to sign above and your efforts to obtain the client's signature:

_____ _____

Client Signature(full legal name) Date Counselor Signature Date