

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Client Name: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read Arcadia Counseling & Consulting Services, LLC's Notice of Privacy Practices. I understand that if I have any questions I can contact Arcadia's Privacy Officer or the U.S. Department of Health and Human Services.

Client Signature Date

Arcadia Staff Member Signature Date