



2211B Lakeside Drive
Bannockburn, IL 60015

1401 Branding Lane, Suite 241
Downers Grove, IL 60515

Phone: (847)217-9381 Fax (224)544-5575

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