



**Acknowledgement of Review of
Notice of Policies and Practices to Protect the Privacy of Your Health
Information**

I have reviewed and received a copy of Austin Family Counseling's' Notice of Policies and Practices to Protect the Privacy of my Health Information, which explains how my health information will be used and disclosed.

Signature of Patient or Personal Representative/ Guardian

Print Name of Patient or Personal Representative/ Guardian

Description of Personal Representative/ Guardian's Authority

Date