Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Client Name:_____
DOB: _____
SSN:_____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of William Bishop's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact William Hambleton Bishop, LPC, LMFT.

_____

Signature of Client **Date**

_____

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.).

❑ **Client Refuses to Acknowledge Receipt**:

_____

Signature of Therapist **Date**

Steamboat Springs Therapy LLC
William Hambleton Bishop
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