



RIVERWAY
COUNSELING

RiverWay Counseling Notice of Privacy Practices Receipt and Acknowledgment
of Notice

Patient/Client Name: _____ DOB: _____
SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of RiverWay Counseling’s Notice of Privacy Practices.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact [Stephanie Wichmann, 82 Washougal River Road, Washougal WA 98671, stephanie@riverwaycounseling.com].

Patient/Client Date _____ Signature of

Parent, Guardian or Personal Representative Date _____ Signature or

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.).

Patient/Client Accepted Acknowledge Receipt:

Staff Member Date _____ Signature of

Patient/Client Declines to Acknowledge Receipt:

Staff Member Date _____ Signature of