

CHRISTIAN COUNSELING CENTERS OF UTAH
525 E 4500 S, Suite F 125, Salt Lake City 84107-2995

**NOTICE OF PRIVACY PRACTICES:
ACKNOWLEDGMENT OF RECEIPT**

By my signature below I acknowledge receipt of the Notice of Privacy Practices from Christian Counseling Centers of Utah.

Client's full name (please print) _____
Client's signature

Client's birthdate _____
Date

THIS PORTION TO BE COMPLETED WHEN A CLIENT IS UNABLE TO GIVE WRITTEN ACKNOWLEDGEMENT

We, the undersigned, do verify that the Notice of Privacy Practices has been received by the client and/or client's parent/legal guardian if client is a minor and/or client's personal representative.

Client's full name (please print) _____
Printed name of person signing on behalf of client

Client's birthdate _____
Signature of person signing on behalf of client

Date of signature _____
Relationship to client (parent, legal guardian, personal representative)

ELECTRONIC NOTICE ACKNOWLEDGMENT