

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