



The Refuge Center  
FOR COUNSELING



I acknowledge I have received a copy of The Refuge Center for Counseling's Practice Policies and the Notice of HIPPA Privacy Practices, which describes how my health information is used and shared. I understand that The Refuge Center for Counseling has the right to change this Notice at any time. I may obtain a current copy by contacting The Refuge Center for Counseling, or by visiting the website [www.refugecenter.org](http://www.refugecenter.org).

Client(s) Printed Name(s): \_\_\_\_\_

Client(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

---

We attempted to obtain written acknowledgement of receipt of our Practice Policies and HIPPA agreements, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prohibited obtaining acknowledgement
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date