

**PRESBYTERIAN COUNSELING CENTER  
NOTICE TO PERSONS REGARDING OUR PRIVACY PRACTICES**

During this initial contact with you, we presented information about confidentiality and privacy issues. These practices are designed to protect your individual identifiable information and confidentiality. Although we are legally required to tell you about our privacy practices, we also believe that telling you about confidentiality is the right thing to do.

We will give you a written copy of our *Presbyterian Counseling Center Privacy Practices*. The written *Presbyterian Counseling Center Privacy Practices* outlines how we can use and disclose information along with the rights that you have regarding your mental health information maintained by us.

Also, we must obtain written acknowledgement that we have presented our privacy practices with you. By signing this form, you are only acknowledging that you have been informed about our practices to maintain privacy and confidentiality.

Finally, if you have any questions about our privacy at our practice, please contact Rev. Jack L. Hileman, and Privacy Officer. If you believe your rights have been violated or have a complaint about our practice, you may contact Rev. Hileman or the Secretary, Department of Health and Human Services.

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By signing this document I am acknowledging that I have requested and received a copy of the *Presbyterian Counseling Center Privacy Practices*.

\_\_\_\_\_  
*Client Signature*

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

\_\_\_\_\_  
*Parent or Legal Guardian of Client*

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

\_\_\_\_\_  
*Person Providing Notice*