

**Embrace Life Counseling, LLC**  
**Notice of Privacy Practices**  
**Receipt and Acknowledgment of Notice**

Notice of Privacy Practices

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby acknowledge that I have received and been given an opportunity to read a copy of Embrace Life Counseling, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights, I can contact Embrace Life Counseling, LLC at: 918-520-1202 or at [embracelifec@gmail.com](mailto:embracelifec@gmail.com)

Client/ Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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

You may refuse to sign this acknowledgment if you wish.

\_\_\_ Client refuses to Acknowledge receipt

Reason given \_\_\_\_\_