**Mimi Cogswell, LPC, PC** Licensed Professional Counselor



309 17th Street, Oregon City, OR 97045 503-740-5742

**Notice of Privacy Practices, Policies, &**

**Professional Disclosure Statement**

**Receipt and Acknowledgment of Notice Documents**

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

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Mimi Cogswell’s Notice of Privacy Practices, Policies, and Professional Disclosure Statement Documents. I understand that if I have any questions regarding the Notice or my privacy rights I can contact Mimi Cogswell, LPC, PC.

**Signature of Client Date**

**Signature (of additional clients in case of couple or family)**

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

* Individual refused to sign
* Communications barriers prohibited obtaining the acknowledgement
* An emergency situation prevented us from obtaining acknowledgement
* Other (Please Specify)

**This form will be retained in your clinical record.**