



**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

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

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of River Cairn Counseling's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact River Cairn Counseling at:

Phone: (531) 289-8246

Email: [Christina@rivercairncounseling.com](mailto:Christina@rivercairncounseling.com)

Address: 5539 S. 27, Suite 104, Lincoln, NE 68512

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**Signature of Patient/Client**

**Date**

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**Signature or Parent, Guardian or Personal Representative \***

**Date**

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\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

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**Signature of Counselor**

**Date**