

Journey of Hope Counseling

11224 86th Ave N.
Maple Grove, MN 55369
Phone: (763) 400-7076 Fax: (763) 400-7078

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Journey of Hope Counseling Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer, Jessica Zingelman, MSW, LICSW at 763-400-7076.

Signature of Patient/Client

Signature or Parent, Guardian or
Personal Representative*

Date

* 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:

Signature of Staff Member

Date