

**Notice of Privacy Practices, Effective Date April 14, 2003**  
**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

I understand that as part of my healthcare, Bob Good, M.A., Th.M., LPC. (#19134), originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment and any plans for the future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

Bob Good, M.A., Th.M., LPC's *Notice of Privacy Practices* provides specific information and thorough description of how my health information may be used and disclosed. I have been provided a copy of or access to the *Notice of Privacy Practices* and have been given an opportunity to review the *Notice* prior to signing this consent. Before implementation of the revised *Notice of Privacy Practices*, the revised *Notice* will be mailed to me if I provide my address below. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that Bob Good, M.A., Th.M., LPC, is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Bob Good, M.A., Th.M., LPC has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

- I request the following restrictions on the use and/or disclosure of my personal health information.

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- Bob Good, M.A., Th.M., LPC agrees to comply
- Bob Good, M.A., Th.M., LPC disagrees to comply. Explain.

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I further understand that any and all record, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I have been provided and have received Bob Good, M.A., Th.M., LPC *Notice of Privacy Practices* dated \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\*\*I request that changes to the *Notice of Privacy Practices* be sent to me at this address:

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