Marjorie R. Johnson, LCSW, PCC
610-696-4443
Marjorie@AscendConsulting.net

Ascend Consulting, Inc.
937 Pritchard Lane, West Chester, PA 19382
www.AscendConsulting.net
www.AscendCounselingPA.com

Notice of Privacy Practices (HIPPA)

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 Ascend Consulting Inc.'s Notice of Privacy Practices.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact:

Marjorie Johnson, LCSW, 937 Prichard Ln. West Chester PA 19382 610-696-4443.

____

Signature of Patient/Client ***Date***

____

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***

NATIONAL ASSOCIATION OF SOCIAL WORKERS DOCUMENT D3

© Popovits & Robinson, P.C. 2003