

MANDALA COUNSELING SERVICES

Name: _____

DOB: _____

Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Mandala Counseling Services' "Notice of Privacy Practices" and have received answers to any questions I may have about how my/my child's Private Health Information is used and disclosed.

Client Signature

Date

Witness

Date

Receipt of Client's Rights / Grievance Procedure

I acknowledge that I have received a copy of Mandala Counseling Services' "Client's Rights" and "Grievance Policy" and have received answers to any questions I may have about how my/my child's rights will be protected.

Client Signature

Date

Witness

Date
