

Mary Peacock, LMSW ACSW
Minges Brook Counseling Service
9 Heritage Oak Lane, Suite 9
Battle Creek, MI 49015
(269) 979-4800

**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 Mary Peacock's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Mary Peacock, LMSW, ACSW, Minges Brook Counseling Service, 9 Heritage Oak Lane, Suite 9, Battle Creek, MI 49015 (269) 979-4800.

X _____

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