

Counseling Solutions, LLC
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Acknowledgement of Receipt of Notice of Privacy Practices

By my signature below, I _____, acknowledge that I received a copy of the Notice of Privacy Practices for Counseling Solutions, LLC.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledge of Receipt of our Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

