**Lutheran Counseling & Family Services of Wisconsin**

**Written Acknowledgement of Receipt**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received the **HIPAA** **Notice of Privacy Practices** from Lutheran Counseling & Family Services of Wisconsin.

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Client or Personal Representative Signature Date

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If Personal Representative, describe relationship

❑ Acknowledgment was unable to be obtained for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Date