

CATAWBA COUNSELING ASSOCIATES, PLLC

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Notice of Privacy Practices Receipt and Acknowledgement of Notice

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Catawba Counseling Associates, PLLC Notice of Privacy and Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Victoria Grantham, MSW at the location listed above.

Signature of Patient/Client

Date

Signature of 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