



# FairView Counseling

## Notice of Privacy Practices Acknowledgement

I acknowledge that I have received a copy of FairView Counseling's Notice of Privacy Practices effective April 14, 2003.

\_\_\_\_\_  
(name - printed)

\_\_\_\_\_  
(today's date)

\_\_\_\_\_  
(signature)

Parent or personal representative of minors

I acknowledge that I have received a copy of FairView Counseling's Notice of Privacy Practices effective April 14, 2003 on behalf of:

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