



Glenview Counseling Group, LLC
 3633 W. Lake Ave.
 Suite 105
 Glenview, IL 60026
 (847)699-2490

Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from Glenview Counseling Group. This notice provides information about the ways in which I may use and disclose your protected health information. I encourage you to read it in full.

The Notice of Privacy Practices is subject to change. You may ask me at any time for a copy of the current notice, either in person or by contacting me at the number or addresses above.

I acknowledge that I have received the Notice of Privacy Practices.

Client Printed Name	Client Signature (Age 12 and over)	Date
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Witness Printed Name	Witness Signature	Date
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If client is a minor:

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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If meeting for couple's counseling:

Spouse of Client Printed Name	Spouse of Client Signature	Date
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If no signature is obtained above, describe the good faith efforts made to obtain the individual's acknowledgement and the reasons why it was not obtained.

Therapist printed name	Therapist Signature	Date
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