

The Life Counseling Center, P.A.
The Life Center for Pastoral Care and Counseling, Inc.
124 Life Way
Clyde, NC 28721
(828) 627-LIFE (5433)

Acknowledgement Notice of Privacy Practices

I understand that the Life Counseling Center is a covered entity and has an organized healthcare arrangement with its Staff, and that these therapists may share my health information for treatment, billing and healthcare operations. I have reviewed the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that the Life Counseling Center has the right to change this notice at any time. I may obtain a current copy by contacting the Life Counseling Center Health Information Management Services Department

My signature below constitutes my acknowledgement that I have reviewed, and have been provided the option for a copy of the Notice of Privacy Practices.

Signature of Patient

Date

If signed by legal representative, relationship to Patient: _____

Notice Effective Date: August 19, 2003

LCC Client # _____