



www.heritagecw.com  
910.240.4599

### Client's Acknowledgement of Receipt of Notice of Privacy Practices

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby acknowledge that I have been provided a copy of Notice of Privacy Practices for Heritage Counseling and Wellness, PLLC. My therapist and I have discussed these policies, and I consent to accept these policies as a condition of receiving mental health services.

I understand that if I have any questions regarding this notice or my privacy rights, I can contact Victoria Butler at [victoriabutler@heritagecw.com](mailto:victoriabutler@heritagecw.com) or 910.984.5030.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Parent, Guardian, or Personal Representative Date

\_\_\_\_\_  
Relationship/Authority to act for the client (parent, power of attorney, etc): Date

\_\_\_\_\_  
Signature of Staff Member Date