



Purpose Counseling
&
Mental Health Services, LLC
“Where The Healing Begins”

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form you acknowledge receipt of the Notice of Privacy Practices for Rochelle Gipson Brady, MSW, LCSW-Purpose Counseling & Mental Health Services, LLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. Our Notice of Privacy Practices is subject to change.

Signature of Patient /Patient Representative Date

Name of Patient/ Patient Representative (please print) Relationship to Patient