



**Master Peace Christian Counseling**

**ACKNOWLEDGEMENT OF REVIEW OF  
NOTICE OF PRIVACY PRACTICES**

I have reviewed this office's Notice of Privacy Practices, which explains how my counseling information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Client or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority