Sacred Journey Counseling
5400 W. Plano Parkway, Suite 210, Plano, TX 75093 ● www.SacredJourneyCounseling.com

Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement of Receipt

By my signature, I acknowledge having access to and reading a full copy of Sacred Journey Counseling's Privacy Policy. This policy outlines the duties of Sacred Journey Counseling and my rights regarding the privacy of all Protected Health Information as required by the Health Insurance Portability and Accountability Act (HIPAA).

_____
Client's Printed Name

_____ _____
Client's Signature Date

_____ _____
Guardian's Signature, if applicable Date

_____ _____
Staff Signature Date