



*North Texas Family Services  
Lauren Gordon, LCSW*

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**Lauren Gordon, LCSW**  
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**Rowlett, TX 75088**  
**214.675.3978**

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Directions:** Please include yourself and any minor children you have legal responsibility for (conservatorship, guardianship, “custody,” etc.). Please use additional copies if needed.

Client(s): \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of North Texas Family Services’s Notice of Privacy Practices, which are also available online at [www.ntxfamilyservices.com](http://www.ntxfamilyservices.com). I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Lauren Gordon, LCSW, at the address and telephone numbers above.

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*Signature of Client (for self and minor children) Date*

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*Signature of Guardian or Personal Representative  Date*

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*\* If you are signing as a personal representative of another individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*