

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

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

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

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Caring Journey Counseling's Notice of Privacy Practices which is available at [www.caringjourneycounseling.com](http://www.caringjourneycounseling.com) on the *Confidentiality Policy* page. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Cari Morphet, CMHC at (801)747-1754.

---

Client Signature

Date

---

Signature or Parent, Guardian or Personal Representative \*

Date

---

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

---

Therapist Signature

Date