

**ACKNOWLEDGMENT OF RECEIPT  
RE: NOTICE OF PRIVACY PRACTICES**

**Homestead Hope Counseling Services, LLC  
3301 West Freeway, Suite 105  
Fort Worth, Texas, 76107**

Notice to Patient/Client/Guardian:

We are required to offer/provide you a copy of our Notice of Privacy Practices. The Notice states how we may use and/or disclose your health information.

Please sign below to acknowledge the offer to receive and or the receipt of the Notice. You may refuse to sign this acknowledgment, if you wish.

---

**I acknowledge that I have been offered or received a copy of Homestead Hope Counseling Service's Notice of Privacy Practices.**

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

---

**FOR OFFICE USE ONLY**

- The patient/client/guardian requested and or received a copy of Notice of Privacy Practices.
- The patient/client refused to sign. (Explain in space below).
- Other (please provide specific details) \_\_\_\_\_

\_\_\_\_\_  
HHCS Staff Member Signature

\_\_\_\_\_  
Printed Staff Name

\_\_\_\_\_  
Date