



INTERPLAY COUNSELING SERVICES

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTIFICATION AND NOTICE OF CLIENT RIGHTS AND RESPONSIBILITIES

Check one option:

I have received a copy of the Privacy of Information Policy and Notice of Client Rights and Responsibilities from Interplay Counseling Services, as requested by law.

I have been offered a copy of the Privacy of Information Policy and Client Rights and Notice of Client Rights and Responsibilities from Interplay Counseling Services and have declined.

Client/person legally responsible for client's consent:

(please print)

Signature

Date

(Client) Minor/dependent adult name

Legal guardian of minor/dependent adult

*****For Office Use Only*****

We attempted to obtain written acknowledgment of receipt of our Privacy of Information Policy, but acknowledgment could not be obtained because:

- Individual refused to sign
Communications barriers prohibited obtaining the acknowledgment
An emergency situation prevented us from obtaining acknowledgment
Other (please specify)