



INTERFACE-SAMARITAN COUNSELING CENTERS - ISCC

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6823 CYPRESSWOOD DRIVE, SPRING, TX 77379 (281) 376-8006, FAX (281) 376-8008

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

Client Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of ISCC’s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the ISCC Privacy Officer Patti W. Schramm, LCSW, or contact the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201.

Signature of Client

Date

Signature of Parent, Guardian or
Personal Representative*
(If client is under 18 years of age)

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.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date