



**INTERFACE-SAMARITAN COUNSELING CENTERS - ISCC**

4803 SAN FELIPE HOUSTON, TX 77056 (713) 626-7990, FAX (713) 627-7715  
6823 CYPRESSWOOD DRIVE, SPRING, TX 77379, (281) 376-8006, FAX (281) 376-8008

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

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

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

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 Privacy Officer at the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
Signature of 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.).

Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date