

**Notice of Privacy Practices and Clients Rights**  
**Receipt and Acknowledgement of Notice**

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Contact Preference: \_\_\_\_\_

Referred By: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jennifer Danhauser's Notice of Privacy Practices and Client Rights. I understand that if I have any questions regarding the notice of privacy rights, I can contact Jennifer Danhauser at (907) 978-4978.

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**Signature of Client**

**Date**

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual, please sign below:*

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**Signature of Parent, Guardian or Personal Representative**

**Date**

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Jennifer Danhauser, LPC

Date