Cathy Weeg, LPC

Counseling and Therapy Services

Notice of Privacy Practices and Clients Rights

Client Name:	Receipt and Acknowledgement of Notice		
Date of Birth:			
Social Security Number: I hereby acknowledge that I have received and have been given an opportunity to read a copy of Cathy Weeg'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 Cathy Weeg at (907)590-8384. Signature of Client Date 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	Client Name:		
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