



VIRGINIA COUNSELING ASSOCIATES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices made available to you by Virginia Counseling Associates. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. You are encouraged to read the notice in full.

The Notice of Privacy Practices is subject to change. The most recent version will always be available at the Virginia Counseling Associates website at www.vacounselingassociates.com in the Forms section. If we change the notice, you may obtain a copy of the revised notice from by contacting us at 804.350.7952 or by emailing brian@vacounselingassociates.com.

If you have any questions about my Notice of Privacy Practices, please contact me at the phone number or email address listed above.

By signing below, I acknowledge receipt of the Notice of Privacy Practices.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date