

**THE BIRCH STREET COUNSELING CENTER, INC.
DBA/ BIRCH TREE COUNSELING
NEW LEAF COUNSELING**

Acknowledgement of Notice of Privacy Practices
according to the Health Insurance Portability and
Accountability Act (HIPAA) of 1996.

I hereby acknowledge that a copy of the privacy
practices of the above business has been made
available to me.

Print name 1. _____

Signature 1. _____ Date _____
(Client or responsible party)

Print name 2. _____

Signature 2. _____ Date _____
(Client or responsible party)