

## Creating Hope Counseling

Sharon Richards, M.A., MFT  
License # LF60032243

**To comply with Federal HIPPA regulations concerning safety of Health Care Information, I provide every client with the opportunity to read my Notice of Privacy Practices (see below). This form acknowledges that you had the opportunity to do so and to ask questions.**

### **Acknowledgment of Receipt of Privacy Notice (Please Bring to First Session)**

**Client name:** \_\_\_\_\_

**Date of Intake:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Sharon Richards's Notice of Privacy Practices either by downloading or reading the form.

I understand that if I have any questions regarding this Notice of Privacy Practices or of my privacy rights, I can contact my therapist.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Parent, Guardian or Personal Representative Date

\_\_\_\_\_  
Legal Relationship to Client

201 NE Park Plaza Dr. #200  
Vancouver, WA 98684  
(360)-977-8116

1438 B Street  
Washougal, WA 98671  
(360)-977-8116