

# **Crossroads Counseling Center**

## **HIPPA NOTICE OF PRIVACY PRACTICES (NPP)**

### **ACKNOWLEDGEMENT FORM**

**I ACKNOWLEDGE THAT I HAVE READ THE NPP FORM AND UNDERSTAND THE INFORMATION CONTAINED IN THIS NOTICE. I FURTHER UNDERSTAND THAT I MAY REQUEST A COPY OF THIS NOTICE AT ANY TIME.**

**CLIENT: \_\_\_\_\_ Date: \_\_\_\_\_**

**PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_**

**Crossroads**

**3510 Chapel Hill Rd**

**Johnsburg IL 60051**

**877-375-3484**