

Hollins Counseling Services, Inc

John E. Hollins, Jr., LPCC

Privacy official:

Betty J. Hollins

Contact person:

(937) 237-0071

Telephone:

Notice of Privacy Practice Receipt

I acknowledge that the medical practice named at the top of this page provided me with the Notice of Privacy Practices.

Patient's name: _____
(Print)

Patient's Signature: _____
(Signature)

Today's date: _____

Patient's date of birth _____

Patient's ID/chart number _____

If signed by a personal representative:

Name of personal representative: _____
(Print)

Signature of personal representative: _____
(Signature)

Relationship to patient: _____

For practice use only:

Signature of employee: _____ Date: _____