

**Practice: Family Counseling Connection**  
**Address: 1021 Quarrier Street, Suite 201, Charleston, WV 25301**  
**Privacy Official: Natalie A. Pernell**  
**Telephone: (304) 340-3676**

***Notice of Privacy Practices Receipt***

**I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.**

Print Name of Client: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

Client's ID/Chart number: \_\_\_\_\_

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_