



**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Harbor Shelter & Counseling Center's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Rodney L. Stivland, LICSW at 651-480-8377.

Signature of Parent or Guardian

Date

Parent/Guardian Refuses to Acknowledge Receipt:

Signature of Staff Member

Date

321 6th Street East Hastings, MN 55033
Phone: (651)480-8377 Fax: (651) 480-8376