

**Jackie Hudson Counseling**  
**PRIVACY POLICY**  
**(Acknowledgement and Consent)**

**By signing below, I agree that I have reviewed and understand the information in the Oregon Notice Form (Notice of Therapists' and Counselors' Policies and Practices to Protect the Privacy of Your Health Information) and that I have received a copy of this form.**

\_\_\_\_\_  
**Client's name (please print)**

\_\_\_\_\_  
**Client's signature**

\_\_\_\_\_  
**Client's representative (please print)**

\_\_\_\_\_  
**Representative signature**

**Descriptions of representative's authority:** \_\_\_\_\_

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