

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: _____