



Rich Educational Consulting, LLC
17430 Campbell Road #115
Dallas, Texas 75252

Phone: 972-816-3100

www.richeducationalconsulting.com

Fax: 972- 863-7498

Notice of Privacy Practices
Receipt and Acknowledgement of Notice

Patient/Client Name: _____
DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of RICH EDUCATIONAL CONSULTING, L L C's Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact the Privacy Officer at _____.

Signature of Patient or Client

Signature of Parent, Guardian, or Personal Representative*

Date

- If you are signing as a personal representative of an individual, please describe your legal authority to do so (Power of attorney, minor child, healthcare surrogate, etc.)

() Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date