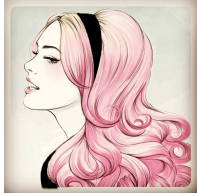


NOTICE OF MENTAL HEALTH PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

Spirit and Logic, Inc. TM

Person-Centered Counseling and Life Coaching



Chera Sabankaya, WPATH Listed Provider Transgender Therapist

National Certified Counselor #284936 Registered Oregon Licensed Professional Counselor Intern #R2447

Registered California Professional Clinical Counselor Intern #PCI 65

Mailing Address/CA Office: 12125 North Old Stage Road, Weed, California 96094

OR Office: 320 East Main Street, Suite #211, Ashland, Oregon 97520;

Confidential Cell w/Voicemail & Texting: (530) 859-3155

Toll Free: (888) 889-3125 Confidential Fax: (888) 231-3855 Email: Chera@spiritandlogic.org

Spirit and Logic, Inc. Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. Please indicate that you have received the NOTICE OF MENTAL HEALTH PRIVACY PRACTICES by signing below.

I acknowledge that I have received the NOTICE OF MENTAL HEALTH PRIVACY PRACTICES. I have had an opportunity to ask questions.

Client signature: _____ Date: _____

(If Client is a minor, Client’s Parent/Guardian must sign below)

Parent/Guardian signature: _____ Date: _____

Relationship to Client: _____

Licensed Clinician signature: _____ Date: _____

FOR OFFICE USE ONLY

NOTICE OF MENTAL HEALTH PRIVACY PRACTICES-WRITTEN ACKNOWLEDGEMENT NOT OBTAINED
Please document your efforts to obtain acknowledgement by indicating the reason it was not obtained.

___ Notice of Mental Health Privacy Practices Given-Patient Unable to Sign

___ Notice of Mental Health Privacy Practices Given-Patient Declined to Sign

___ Notice of Mental Health Privacy Practices and Acknowledgement mailed to Patient

___ Other Reason Patient Did Not Sign: _____
