



**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ have been given the opportunity to review the Notice of Privacy Practices of Interface-Samaritan Counseling Centers and to have them explained to me.

\_\_\_\_\_ (initials) I waive my right to receive my own copy of the Privacy Practices.

**OR**

If I want to receive my own copy of the Privacy Practices of ISCC, I can request one. \*

**Further, I understand that if I have questions or complaints about how my private health information is used or disclosed, I can contact the person listed below as the Compliance Officer.**

\_\_\_\_\_ client signature

\_\_\_\_\_ Date

Compliance Officer: Susan Arnold Lange, Ph.D.  
Telephone: 713-626-7990, extension 209  
Fax: 713-627-7715  
Address: HIPAA COMPLIANCE OFFICER  
Interface-Samaritan Counseling Centers  
4803 San Felipe  
Houston, Texas 77056

If client is unable or unwilling to give written notice and signature, ISCC staff member may document that the client has received the Notice of Privacy Practices and ISCC has made a good faith effort to obtain an acknowledgement.

\_\_\_\_\_ ISCC staff member

\_\_\_\_\_ Date

\*

I have received my own copy of the Privacy Practices of ISCC. \_\_\_\_\_(initials)