

Abba's Heart Counseling Center, Inc.

Acknowledgement of Receipts HIPAA Privacy Practice Notice

I, _____, born on, _____ have received and read the Notice of Privacy Practices and I have been made aware of my rights as a client of Abba's Heart Counseling Center, Inc. If I wish to receive a copy of these rights, I will contact Angie S. Mabe at 407-285-6284 or email her at abbasheartcounseling@gmail.com.

Client Name (Print)

Signature (Legal Guardian or Parent)

Date