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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, LLC'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