

Creating Hope Counseling

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License # LF60032243

To comply with Federal HIPPA regulations concerning safety of Health Care Information, I provide every client with the opportunity to read my Notice of Privacy Practices (see below). This form acknowledges that you had the opportunity to do so and to ask questions.

Acknowledgment of Receipt of Privacy Notice (Please Bring to First Session)

Client name: _____

Date of Intake: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Sharon Richards's Notice of Privacy Practices either by downloading or reading the form.

I understand that if I have any questions regarding this Notice of Privacy Practices or of my privacy rights, I can contact my therapist.

Signature of Client _____ Date _____

Signature of Parent, Guardian or Personal Representative _____ Date _____

Legal Relationship to Client _____

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