

# North East Counseling and Trauma Services

## *Statement of Receipt for Privacy of Information Policies*

**I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications. I attest that I have received a copy of the Privacy of Information Policies from North East Counseling and Trauma Services.**

Client's name (please print): \_\_\_\_\_

Signature of Client/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Client: \_\_\_\_\_