



FAMILY COUNSELING CENTER -- PALM HARBOR & ST PETERSBURG

Diane HM Mandell MSSA, LISW, LCSW and Associates

Serving the Community Since 1993

HIPAA NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have been given a copy of the HIPAA Notice of Privacy Practices. I also acknowledge that I understand the information contained in the notice and agree to the terms and conditions contained within, for services provided by _____ at the Family Counseling Center.

Client Signature

Date

Client Signature

Date

Parent/Guardian (if client is a minor)

Date

Staff

Date

We help people find balance in their lives every day...

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