



Herald Counseling Services

角聲輔導中心

7001 Corporate Dr., Suite 379, Houston, TX 77036 ☆ Phone: 713-277-8660 Web: www.cchchouston.org

隱私條例通知同意書

NOTICE OF PRIVACY PRACTICES CONSENT FORM

This certifies that I have received from my therapist at the Herald Counseling Services a copy of the notice of policies and practices to protect the privacy of my health information.
我證實我已收到角聲輔導中心的輔導員給我的一份隱私條例通知。

Signature of Client 當事人姓名 Date 日期

Signature of Client 當事人姓名 Date 日期

Signature of Parent or Legal Guardian
如在十八歲以下，父母或監護人簽名
(if Client is under 18) Relationship to Patient
與當事人關係