

# Yellowstone Counseling Center

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## Notice of Privacy Practices - Receipt and Acknowledgement of Notice

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have been given or have been offered a Yellowstone Counseling Center's Notice of Privacy Practices, which describes how my mental health information is used and shared. I understand that Yellowstone Counseling Center has the right to change this Notice at any time. I may obtain a current copy from the office personnel.

**My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices or have been offered:**

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Personal Representative's Title (e.g. Guardian, Executor of Estate, Health Care Power of Attorney)

Client refuses to acknowledge: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_