



TEXAS COUNSELING

Individual, Couples, Family

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Notice of Privacy Practices Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____ SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Galit Ribakoff, M.S. LPC-S, NCC Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Galit Ribakoff, M.S., LPC-S, NCC, 17304 Preston Road, Suite 800, Dallas TX 75252.

x

Signature of Client

Signature or Parent, Guardian or Personal Representative*

Date _____

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.). Describe: _____

___ Patient/Client Refuses to Acknowledge Receipt

Galit Ribakoff, M.S., LPC-S, NCC