

***Ann Marie Buckley, LCSW, PLLC***

***730 N. Post Oak Rd, Suite 301***

***Houston, TX 77024***

**Notice of Privacy Practices**

**Receipt and Acknowledgment of Notice**

Patient/Client Name: \_\_\_\_\_

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

SSN (last 4 digits): \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Ann Marie Buckley, LCSW, PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Ann Marie Buckley, LCSW at 972-742-9506 or [ambuckleylcsw@gmail.com](mailto:ambuckleylcsw@gmail.com).

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Signature of Patient/Client

Date

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Signature of 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.):** \_\_\_\_\_

**Patient/Client Refuses to Acknowledge Receipt:**

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Therapist/Counselor

Date