

Beth Powell's  
In-Family Services  
P.O. Box 2866  
Conroe, TX 77305  
[www.infamilyservices.net](http://www.infamilyservices.net)

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

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

**DOB:** \_\_\_\_\_

**Client Guardian/Representative Name (If  
Applicable):** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Beth Powell's In-Family Services's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Beth Powell's In-Family Service's Privacy Officer, Lucy (Beth) Powell, LCSW at the above address.

\_\_\_\_\_  
**Signature of Patient/Client (If Applicable)** **Date**

\_\_\_\_\_  
**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.).

**Client/Guardian/Representative Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member** **Date**