

Beach Counseling, LLC
Mariadonna Litwak, MSW, LCSW
NJ Lic. 44SC05269500
2130 Hwy. 35, Bldg. A114
Sea Girt, NJ 08750
(908) 309-2529 / (732) 974-5540 (fax)

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

Patient/Client Name: _____
DOB: _____
SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Beach Counseling, LLC's Notice of Privacy Practices, **which includes guidelines for electronic communication.** I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Ms. Litwak at 2130 Hwy. 35, Bldg. A114, Sea Girt, NJ 08750, (908) 309-2529 or by fax at (732) 974-5540.

Signature of Patient/Client **Date**

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:

Signature of Staff Member **Date**