Emily Robson, MA.,LPC
18090 Mack Avenue
Grosse Pointe Park, MI 48230
313.460.5536

Notice of Privacy Practices
Receipt and Acknowledgement of Notice

Client Name:_____

DOB:_____

I hereby acknowledge that I have received, and have been given an opportunity to read, a copy of Emily Robson's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights, I can contact Emily Robson.

_____
Signature of 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..)

☐ Client Refuses to Acknowledge Receipt

_____
Signature of Staff Member Date