

KRIS BRIGHTBILL, MA, LPC, NCC  
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**CLIENT ACKNOWLEDGEMENT FORM**

Pursuant to HIPAA, Kris Brightbill, MA, LPC. is obligated to request that clients sign an acknowledgement that they have received and reviewed our **Notice of Policies and Practices to Protect the Privacy of your Health Information**. If you would like a copy of this notice, please request this from your therapist.

Name of Client (s): \_\_\_\_\_

Signature (s): \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) of Minor Children or other legal representative:

\_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_