
FORENSIC COUNSELING SERVICES

Aaron Robb, Ph.D., LPC-S
Program Director

Mailing address:
2831 Eldorado Pkwy, Ste. 103-377, Frisco, TX 75033

Telephone: 972-360-7437
Fax: 940-343-2601

Interview offices in Frisco and Lewisville

www.texascounseling.org

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Directions: Please include yourself and any minor children you have legal responsibility for (conservatorship, guardianship, “custody,” etc.). Please use additional copies if needed.

Client(s): _____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Forensic Counseling Services’ Notice of Privacy Practices, which are also available online at <http://www.texascounseling.org/Notices.htm>. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Robb, the Privacy Officer for Forensic Counseling Services, at the address and telephone numbers above.

Signature of Client (for self and minor children)

Date

*Signature of Guardian or Personal Representative**

Date

** If you are signing as a personal representative of another individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*