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Acknowledgement of Receipt of Notice of Privacy Practices

Client's Printed Name(s): _____

Burnett Counseling, LLC is required by law to maintain the privacy of and provide individuals with the attached notice of my legal duties and privacy practices with respect to protected health information. If you have any objections to the notice, please inform me of them. If you would like a copy of this notice, please ask.

I hereby acknowledge that I have received a copy of the privacy practices of Burnett Counseling, LLC.

Client's Signature

Client's Signature