



**Ivy**  
**COUNSELING**  
**GROUP**

NURTURING INTERNAL RESILIENCE & STRENGTH

182 Tamarack Circle  
Skillman, NJ 08558  
609-688-8300  
Tax ID# 26-1171432

Notice of Privacy Practices  
Receipt and Acknowledgment of Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Ivy Counseling Group LLC Notice of Privacy Practices. I understand that if I have any questions regarding this notice or my privacy rights, I can contact Ivy Counseling Group LLC at the above contact address.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Personal Representative\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*If you are signing this 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 Clinician

\_\_\_\_\_  
Date