

Kristin Carswell, LPCS
383 Merrimon Avenue
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Notice of Privacy Practices Receipt and Acknowledgement of Notice

Name: _____ Date of Birth _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kristin Carswell, LPCS Notice of Privacy Practices, located at manifestcounseling.com or by paper copy at the office. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Kristin Carswell LPCS at 383 Merrimon Avenue Asheville NC 28801.

Signature of client _____ Date _____

Signature of counselor _____ Date _____