
FORENSIC COUNSELING SERVICES

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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.).*