**Jon Schoonmaker, MA, LPC**

**Omega Youth Empowerment, PLLC**

600 N. Broad St.

**Adrian, MI 49221**

**Phone: (517)902-1754** [**Jon**](http://www.yourwebsite.com) **@LiveOmega.net**

**Notice of Privacy Practices**

#### Receipt and Acknowledgment of Notice

#### Patient/Client Name:

DOB: SSN:

I hereby acknowledge that I have been given an opportunity to read Jon Schoonmaker’s Privacy Practices and will be given a copy upon request. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jon Schoonmaker at (517)902-1754.

Signature of Patient/Client

Signature of Parent/Guardian or

Personal Representative\*

Date

\* If you are signing 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:

Jon Schoonmaker, LPC Date