Pamela W. Webster, LICSW, LCSW
419 E. Cedar Ave., Suite 205, La Center
Mail: 13023 NE Hwy 99, Ste. 7-233, Vancouver, WA 98686
(360) 760-4041 · (360) 760-4218 fax

Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB:_____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Pamela W. Webster, LICSW, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Pamela W. Webster, LICSW, LCSW at the above address and phone number.

_____

Signature of Patient/Client **Date**

_____

Signature or 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**:

_____

Pamela W. Webster, LICSW, LCSW **Date**