

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

From the Office of Donna J. Henn, M.S., LPC  
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This is to acknowledge that I, \_\_\_\_\_ (print name) have read and may request a copy of the Office Privacy Practices for Henn & Peoples. Should I have any concerns about these practices I will contact my therapist. I understand that I may contact the Texas State Board of Insurance or the State Board of Examiners for Licensed Professional Counselors (Austin, Texas) should I wish to express a grievance or violation of these office privacy practices.

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Signature

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Date