



**Counseling Colorado, PLLC**  
**Lauren Hughes, MA, LPC, NCC, LAC**  
[www.counseling-colorado.com](http://www.counseling-colorado.com)  
[lauren@counseling-colorado.com](mailto:lauren@counseling-colorado.com)  
4770 East Iliff Avenue, Suite 109  
Denver, CO 80222  
720-336-0030

## **PRIVACY NOTICE ACKNOWLEDGEMENT**

As a client of Counseling Colorado, LLC, I acknowledge that I have been given the privacy Notice required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that prescribes legal duties and privacy practices to protect the privacy of my individual identifiable health information, by Counseling Colorado, LLC.

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Print Client/Guardian Name

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Client/Guardian Signature

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Date