

# Hope Renewed Counseling Services LLC

6000 Gisholt Drive Suite 202  
Monona WI 53713

## Notice of Privacy Practices

I have received / declined (please circle one) a notice of the Privacy Practices for Hope Renewed Counseling Services.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

James A Thompson MS, LPC, CSAC  
Therapist Name

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date