

Jeff Shushan, MA, LMHC

Legacy Counseling, Coaching & Training, LLC
1818 Westlake Avenue North, Suite 410
Seattle, Washington 98109
(206) 298-9555
legacycounstrain@mac.com

Notice of Privacy Practices

I am required by law to maintain your privacy. As your therapist, I am committed to protecting the privacy of your personal information. Below is a detailed notice of my legal responsibilities and privacy practices relating to your personal health information.*

The attached 8-page Notice of Privacy Practices is required by federal regulations and therefore it contains precise legal terms specified in federal law.

Please sign below indicating that you have received a copy of this Notice as required by law. If you are seeing me as a couple for couples counseling, both partners are individually required to sign this form.

Signature: _____

Date: _____

Signature: _____

Date: _____

*The specific term 'personal health information, or PHI, refers to any information created, whether electronically or on paper, as a result of providing services to you, or receive about you, that relates to your past, present, or future health, including payment for your healthcare, and that identifies you or which could conceivably be used to identify you.