

Notice of Privacy Practices Waiver  
Healing Grace Counseling Services  
133 West Boscawen Street, Suite 10  
Winchester, VA 22601  
Phone: (540) 686-7831  
Fax: 540-686-7832

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I have received a copy of the Notice of Privacy Practices regarding Protected Health Information (PHI) and understand what it entails.

Name \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_