



Partners in Hope. Solutions for Life.  
*Safe Harbor*  
CHRISTIAN COUNSELING

Delaware Mailing Address:  
3318 Silverside Rd., Wilmington, DE 19810  
Phone: 302-239-4025 [www.SafeharborDE.com](http://www.SafeharborDE.com)  
Mike Sorenson, Executive Director

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## PRIVACY NOTICE ACKNOWLEDGEMENT

As a client of Safe Harbor Christian Counseling, 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 individually identifiable health information, by Safe Harbor Christian Counseling.

Client Name or Guardian \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_