

**Kidder Counseling Services**  
**Stacey Kidder, MSW, LCSW, LLC**  
150-B Staring Lane, Baton Rouge, LA 70810  
225-769-5990

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## Notice of Privacy Practices Acknowledgment

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly
- Obtain payment from third-party payers or consumer collection services to collect reimbursements
- Conduct normal healthcare operations such as quality assessments and provider certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that you have the right to change your *Notice of Privacy Practices* from time to time.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Client Name: \_\_\_\_\_  
*I acknowledge receiving this statement regarding my rights to privacy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If spouse if part of counseling:**

Client Name: \_\_\_\_\_  
*I acknowledge receiving this statement regarding my rights to privacy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Representative Name: \_\_\_\_\_  
*I acknowledge receiving this statement regarding the rights to privacy of the above named client.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Client/representative refused to sign acknowledging reading/receiving Notice of Privacy Practices for the following reasons: