Kidder Counseling Services
Stacey Kidder, MSW, LCSW, LLC
9035 Bluebonnet Blvd, Suite 1, Baton Rouge, LA 70810
225-769-5990

Notice of Privacy Practices Acknowledgment

I understand that under the Health Insurance Portability 7 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: