



Albemarle Counseling Associates, PLLC

106 Caty Lane
Charlottesville, VA 22901
voice 434.978.3900 fax 434.978.3933

Client Name
SSN
DOB

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

Please sign this form after reading the HIPAA PRIVACY NOTICE.

Signing this indicates that you have read and understand this document.

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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Printed Patient Name:

Signature: _____

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