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HIPAA ACKNOWLEDGEMENT

Client Acknowledgement Form

My Notice of Privacy Practices provides information about how I may use and disclose protected health information (PHI) about you. You have the right to review my notice before signing this acknowledgement. As provided in my notice, the terms of my notice may change. If I change my notice, you may obtain a revised copy by writing to Melanie Stoudt. You have the right to request that I restrict how PHI about you is used or disclosed for treatment, payment, or health care operations. I am not required to agree to this restriction, but if I do, I am bound by our agreement. By signing this form, you acknowledge the receipt of Melanie Stoudt's practices with your PHI related to treatment, payment, and health care operations.

Name of Client

Signature of Client or Responsible Party

Name and relationship of Responsible Party (*if client is a minor*)

Date