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## HIPAA Notice of Privacy Practices Authorization

I, \_\_\_\_\_ (print name) do acknowledge with my signature below that I have received a copy of the HIPAA privacy practices adhered to by New Home Associates, LLC / Marie T. Anderson, MA, LPC.

Client Name (print) \_\_\_\_\_

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

Legal guardian signature (if applicable) \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*\*If you have any questions please feel free to ask me about this policy. You may rescind your acceptance of this HIPAA policy at any time. If there are any changes to this Notice of Privacy, you will be informed verbally and receive a written copy for review.