

Anni Cox Counseling Services, LLC

4402 S 68th Street

Suite 100

Greenfield, WI 53220

(262) 227-7266

HIPPA Privacy and Disclosure Policy Notice

(Receipt)

1. Written Acknowledgement that **I have received from** Anni Cox Counseling Services, LLC a copy of the Privacy and Disclosure Notice.
2. Consent to Anni Cox Counseling Services, LLC Privacy and Disclosure Notice:

I agree to the Privacy and Disclosure Policy of Anni Cox Counseling Services, LLC, and to the practices described therein, regarding the collection, storage, use and transmission of protected health information (PHI) in the course of treatment, billing, and collections and other health care procedures, as described above.

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Patient/Legal Guardian/Parent/Patient Representative Date

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Signature of Clinic Representative Date