

Melanie Welch Counseling

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NOTICE OF PRIVACY PRACTICES RECEIPT AND ACKNOWLEDGEMENT OF NOTICE

Client Name: _____

Client DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Melanie Welch, LCPC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Melanie Welch, LCPC at 230 West Main Street Decatur, Illinois 62523 or 505 Broadway Street in writing or by telephone at 217.828.1534.

Signature of Client

Date

Signature or Parent, Guardian or Personal Representative

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date