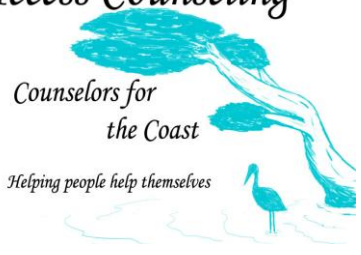


Board of Directors

*Candy Derrick
Ruth Douglas
Paula Jordan
Chris Torrence*

Access Counseling



Board of Directors

*Carol Pifer
Karen McGehee
Molly McConville*

I acknowledge that I have reviewed a copy of Access Counseling’s Notice of Privacy Practices Act (HIPPA) as required by legislation.

I understand that I may ask my counselor for clarification of any information in the Notice.

I also understand that I will be furnished with a new policy should this Notice be amended.

_____ I acknowledge that I have opted not to receive a paper copy of this notice but may ask for one if desired.

NAME

DATE