**Lori Payne Benker, Licensed Professional Counselor, Supervisor**

**HIPAA (Health Insurance Portability and Accountability Act)**

**Acknowledgement of Receipt**

By my signature, I acknowledge receiving a full copy of Lori Payne Benker’s Privacy Policy. This policy outlines the duties of Lori Payne Benker, LPC-S (dba Lori Payne, LPC), and my rights regarding the privacy of all Protected Health Information as required by HIPAA (Health Insurance Portability and Accountability Act).

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Client Signature Date

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Guardian Signature, if applicable Date

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Therapist Signature Date