**Notice of Information Practices Privacy Procedure**

 This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

I have read and I understand The Notice of Information Practices Privacy Procedure, given by The Counseling Center of Ann Arbor/The ADD Center. I have received a copy of this document by my therapist.

Signature of Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_