

**M. Brett Debney, MS/EdS, NCC, LPC**

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**NOTICE OF PRIVACY PRACTICES**

The Notice of Privacy Practices is a Notice of HIPAA regulations provided to clients of M. Brett Debney, MS/EdS, NCC, LPC, to describe how medical information about you may be used and disclosed and how you can get access to this information.

Initials

A copy of HIPAA regulations was offered to me for review.

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I understand that I can request a copy of this Notice for my records.

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I understand that I can request a copy of this signed consent.

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I understand that I have the right to assign access to my records to someone other than myself, and that if I wish to do so, I may complete a Consent for Release form outlining these individuals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**CONSUMER RIGHTS & CONSENT TO TREATMENT**

By signing below, I also affirm that I have been informed of my consumer rights, including the right to consent or refuse treatment and the right to receive treatment regardless of age or degree of disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date