

**DIEDRICH'S COUNSELING SERVICES Inc, SC**  
Ellen Diedrich LPAT, LPC, CTS, ST, CSAC  
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~~~~~**NOTICE OF PRIVACY AND SERVICE AGREEMENT**~~~~~

I (print name) \_\_\_\_\_, have read and understood the HIPAA  
PRIVACY NOTICE and the AGREEMENT REGARDING POLICIES, SERVICES, AND FEES (version  
2021) for my provider, Ellen Diedrich LPAT, LPC, CTS, ST, CSAC. I was provided a copy of both of these  
documents.

\_\_\_\_\_  
(Patient or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)