

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

This signature page is in reference to the Federal HIPAA Privacy Regulations requirements.

Federal law requires that all clients be offered a copy of the Notice of Privacy Practices. This notice describes in detail how client health information is used and shared with others.

All reasonable efforts will be made to protect the privacy of client health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example by email or fax.

I have been offered a copy of the Notice of Privacy Practices.

Name (print) _____ Date _____

Signature _____

When client is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative _____ Date _____

Print Name _____ Relationship to Client _____