

Acknowledgment of Receipt of Privacy Notice (HIPAA)

Original will be maintained in Client's permanent record.

	edge that I have re on (HIPPA).	ceived a copy of the office's	s Notice of Privacy	Practices for Protected Health
Patient or Legally Authorized Individual Signature:				
Printed Name:				Date:
Relationsh	ip to Client:			
□Self	☐ Parent	☐ Legal Guardian		
□Personal	l Representative	□Other:		_