

Notice of Privacy Practices

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so or unless the law authorizes or requires me to do so.

A new federal law commonly known as HIPAA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this process, I am required to post the Notice of Privacy Practices in the waiting area to request that you sign this written acknowledgement that you have seen the posting of this notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights. If you have any questions about this Notice please contact Kristin Roberts, LCSW or Eldora Fitzsimmons, LCSW.

Acknowledgement of Receipt of Notice of Privacy Practices

By my signature I, _____ acknowledge that I received a copy of the Notice of Privacy Practices for Kristin Roberts, LCSW, or Eldora Fitzsimmons, LCSW.

Signature of client or Representative

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name _____

Relationship to Client _____

Signature _____

This form will be retained in your medical record. If you would like a copy, please request.

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)