

**Acknowledgement of Receipt of Notice of Privacy Practices**

A new federal law, the Health Insurance Portability and Accountability Act (HIPAA) requires that I provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment and health care operations. The Notice, which is attached to this signature page, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although this document is long and sometimes complex, it is very important that you read it carefully. We can discuss any questions you have about privacy during your next session. Please read the statement below acknowledging you receipt of my notice:

I have received and reviewed a notice containing summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of my Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness