

Acknowledgment of Receipt of Notice of Privacy Practices

Client _____

This psychology practice adheres to the requirements outlined by the Health Insurance Portability and Accountability Act ("HIPAA"), which ensures the security and privacy of an individual's medical records and promotes privacy and trust between patients and their healthcare providers. As provided under HIPAA, medical and mental health practitioners are required by law to provide their patients with a Notice of Privacy Practices. Even before these new federal laws went into effect, my practice and those of other psychologists have been dedicated to protecting the privacy of their clients and the confidentiality of psychotherapy information and records.

I acknowledge that I have received a copy of the Notice of Privacy Practices provided by this office.

Signature: _____ Date: _____