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Acknowledgement of Receipt of the HIPAA Notice Form

I am committed to protecting the privacy of your personal health information. The Health Information Portability and Accountability Act (HIPAA) requires that I provide you with a notice of Counselors' Policies and Practices to protect the privacy of your health information (the "Notice"). The Notice you received is specific to the laws of the State of Washington.

There is also a copy of the Notice available for reading anytime in my office area.

Your signature below indicates that you have received the HIPAA Notice form described above.

Signature: _____Date: _____

Print Name:_____