MIND YOUR BREATH COUNSELING LLC

Supportive and confidenial Psychotherapy for Women

P:786-842-7708 E: info@mindyourbreathcounseling.com

Acknowledgement That You Have Received Our HIPAA Privacy Notice

*Mind Your Breath Counseling LLC* is required by law to keep your health information and records safe.

This information may include:

* Notes from your doctor, teacher or other healthcare provider
* Medical history
* Test results
* Treatment notes
* Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

☐ I acknowledge that I have received a copy of [Private Practice / Private Practitioner Name’s] HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

☐ I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

☐ I understand [Private Practice / Private Practitioner Name] cannot disclose my health information other than as specified in the notice.

☐ I understand that [Private Practice / Private Practitioner Name] reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

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Print Name of Client Date

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Signature of Client or Legal Representative Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.

HIPAA Privacy Notice Acknowledgement

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Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the patient/legal representative noted above. It could not be obtained for the following reason(s)

* An emergency prevented us from obtaining acknowledgement.
* The individual was unwilling to sign.
* A communication barrier prevented us from obtaining acknowledgement.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Member Signature Date