

**Acknowledgment of Receipt  
Of the  
Oregon Notice Form of HIPAA PHI Privacy Requirements**

I have begun the process of evaluation and treatment with J. Patrick Mooney, Ph.D. Dr. Mooney has provided me with the Oregon Notice Form of HIPAA. Dr. Mooney has asked me to read this Notice Form in order to understand my rights under the HIPAA law.

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date