Notice of Privacy Practices (HIPAA) Acknowledgment

Name: ______________________________ **Date of Birth**: ________________

I, ______________________________ have received a copy of Notice of Privacy Practices.
Name of client or personal representative

______________________________ ________________
Client signature **Date**

Or

______________________________ ________________
Signature of client's personal representative **Date**

If signed by a personal representative, state your relationship to patient and/or reason and legal authority for signing below.

Client is: ❑ minor ❑ incompetent ❑ disabled ❑ deceased
Legal authority is: ❑ parent ❑ legal guardian ❑ next of kin of deceased

This Notice of Privacy Practices was given by:
❑ face to face meeting ❑ mail ❑ email ❑ other

Reason Individual or Personal Representative did not sign this form:
❑ Individual or Personal Representative chose not to sign
❑ Individual or Personal Representative did not respond after more than one attempt
❑ Email receipt verification
❑ Other ____

Staff or Clinician Signature: ____________________________ **Title:** ______________

Print Name: ____________________________ **Date:** ______________

Anchor to Serenity
1524 West Cameron
Rockdale TX 76567
terryyoung@anchortoserenity.com
512-429-8206