



## PSYCHOTHERAPY STRESS-RELIEF SERVICES

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### **Acknowledgement of Receipt of HIPAA Notice of Privacy Practices**

We are required by law to maintain the privacy of your protected health information. The “HIPAA Notice of Privacy Practices” or “Notice: Privacy Rules for Beacon Health Options, Inc.” document is ours to keep. This notice contains the information on our legal duties and privacy practices with respect to your health information. If you have any questions regarding this form, please ask to speak with Karie Klim in person or by phone as listed above.

Your signature below is acknowledgement that you received the “HIPAA Notice of Privacy Practices” upon initiation of your services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature