

HIPAA ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED A NOTICE OF PSYCHOLOGICAL POLICIES AND PRACTICES USED TO PROTECT THE PRIVACY OF MY HEALTH INFORMATION AS OUTLINED IN THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT AND IN THE PRIVACY RULES CREATED BY THE OFFICE OF HEALTH AND HUMAN SERVICES. I ALSO UNDERSTAND THAT DR. JAIME HENLE ARE AVAILABLE NOW OR IN THE FUTURE TO ANSWER ANY QUESTIONS I MAY HAVE CONCERNING MY RIGHTS AND MY PSYCHOLOGIST DUTIES.

Signature of patient/patient representative

Date

Representative's relationship to patient

Dr. Audrey Courtney & Dr. Duane Cris

