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Notice of Privacy Policies and Procedures

As required by the Privacy Rule and in accordance with state law, I provide notice to patients of uses and disclosures that may be made regarding their PHI (Protected Health Information) and my duties and client rights.

This document acknowledges that you have received the Privacy Policies and Procedures information and that I have reviewed such information and answered questions accordingly. This acknowledgement will be filed with your health information as required by Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Patient Name

Signature

Relation to Patient

Date