

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES - HIPPA

I understand that as part of my healthcare, Lynda Harper originate and maintain health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

The Notice of Privacy Practices provides specific information and thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and understand that I have been given an opportunity to review the Notice prior to signing this consent. I understand that I will be given a copy of any future revisions of the Notice of Privacy Practices. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that Lynda Harper is required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Lynda Harper has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I have been provided and have received The Notice of Privacy Practices.

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Signature of Client

Date

Please check any forms of communication that may not be used to contact client:

By phone leaving detailed message

By phone leaving no identifying information

By mail with return address

By mail leaving no identifying information

Through emergency contact person

Text messaging

No contact is allowed