

Solutions for Life Counseling Services, LLC

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Acknowledgement of Receipt of Notice of Policies and Practices to Protect the Privacy of Your Health Information

The federal government mandated that as of April 14, 2003, all health care patients are to receive from their clinicians a notice (hereafter referred to as “notice”) regarding the protection of their private health care information in compliance with the Health Care Portability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164). HIPAA covers what is called “protected health information” (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The Notice contains basic information about:

1. How your PHI may be used and disclosed for treatment, payment and health operations (those terms are defined in the Notice).
2. Which uses and disclosures require authorization from you and which do not.
3. How you may revoke authorization you have made.
4. Certain rights you have to restrict use and disclosure of PHI, to receive confidential communication by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures.
5. Duties of the clinician to protect the privacy of your PHI, clinician’s right to change the privacy policies and practices described in the Notice, and how the clinician will inform you of changes.
6. What you can do if you have any complaints about violations of your privacy rights, and about decisions regarding access to your records the clinician may make.
7. Any allowed restrictions and limitations you or your clinician wish to put on the use and disclosure of your PHI.

The Privacy Notice is a few pages in length. Generally, this Notice is given on a patient’s first visit unless there is a good reason to delay.

This page with your signature documents that I have given you a copy of the Notice.

I acknowledge that Solutions for Life Counseling Services, LLC has given me a copy of the Privacy Notice, (version dated _____.) as required by the federal government HIPAA legislation.

Date _____

Print Patient’s Name

Patient’s Signature (or parent, legal guardian, or personal representative if applies)

Therapist Signature Solutions for Life Counseling Services