

Cluff Counseling PLLC

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Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

This signature page is in reference to the Federal HIPAA (Health Insurance Portability and Accountability) Privacy Regulation requirements. Federal law requires that all clients be offered a copy of the Notice of Privacy Practices. This notice describes in detail how client health information is used and shared with others.

All reasonable efforts will be made to protect the privacy of client health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example by email or fax.

By signing below, I acknowledge that I have been offered a copy of the Notices of Privacy Practices.

Printed Name _____

Date _____

Signature _____

Printed Name (Spouse) _____

Date _____

Signature _____

When a client is a minor, or is unable to give consent, the signature of a parent, guardian or other representative is required.

Signature of Representative _____

Date _____

Print Name _____

Relationship to Client _____

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