

Dr. Shawna Freshwater
Licensed Clinical Psychologist and NeuroPsychologist

Acknowledgement of Receipt of Notice of Privacy Practice HIPAA

The Federal Law, the Health Insurance Portability and Accountability Act (HIPAA) requires that I provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment, and health care operations. The HIPAA notice is posted on the website and it is also part of the patient downloadable forms available for you. The HIPAA notices form explains HIPAA in detail. The Federal Law requires your signature that I have provided to you the HIPAA. Although the Federal Law HIPAA is long and sometimes complex, it still is important that you read it.

I have received and reviewed the notice containing the Federal Law, the Health Insurance Portability and Accountability Act (HIPAA).

Patient name Printed

Patient name Signature

Month, Date, Year

Witness