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Acknowledgement of Receipt of Notice of Privacy Practices

New federal legislation, called the Health Insurance Portability and Accountability Act or HIPAA Privacy Rule (45 C.F.R. parts 160 and 164), provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include the following:

- requesting that I amend your record
- requesting restrictions on what information from your Clinical Records is disclosed to others
- requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized
- determining the location to which protected information disclosures are sent
- having any complaints you make about my policies and procedures recorded in your records
- the right to a paper copy of this agreement and the Notice of Privacy Practices

I am happy to discuss any of these rights with you. Let me know if you have questions.

Your signature below indicates that you have received a copy of the HIPAA Notice of Privacy Practices, not that you have read or agree with its content.

Client Signature

Printed Name

Date