

Acknowledgement of HIPAA Privacy Practices

Development Counts

2910 North Druid Hills Road NE, Suites E & J, Atlanta, GA 30329
Phone (404) 248-1557, Fax (404) 248-1558

My signature confirms that I have been informed of my rights to privacy regarding my protected health information of PHI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand this information can and will be used to:

- Provide and coordinate my treatment/services among healthcare providers who may be involved in my treatment directly or indirectly.
- Obtain payment for my health care services.
- Conduct normal health care operations such as communication and consultation.

I have been informed of my Counselor's Notice of Privacy Practice which contains a more complete description of the uses and disclosures of my PHI. I have been given the right to review and receive a copy of such Notice of Privacy Practices. I understand that my Counselor has the right to change the Notice of Privacy Practices and that I may contact this office at the address above to obtain a copy of the Notice of Privacy Practices.

I understand that my Counselor frequently or exclusively uses a mobile telephone for the purposes of correspondence related to my counseling services and that there can be no absolute guarantee of privacy in or telephone or e-mail communications.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I understand that my Counselor is not required to agree to my requested restrictions, but if he/she does agree then he/she is bound to abide by such restrictions.

Client Name Printed

Date

Client Name Signature

Dependent family member(s), other family, or participants also covered by this acknowledgement:

For Office use only: If unable to obtain client's written acknowledgement of Notice of Privacy Practices- identify the reason- including but not limited to the following:

Refused to sign
Communication barrier
Unable to contact
Emergency situation
Other