



Receipt of Notice of Privacy Practices

Name _____ DOB _____

Federal law mandates that healthcare practitioners be in compliance with the Privacy Standards for Private Health Information (PHI) covered under Health Insurance Portability and Accountability Act (HIPAA).

My signature below indicates that I have been given a copy of Courtney Poignand's Notice of Privacy Practices, which outlines these standards (including my rights related to my confidential healthcare information).

I understand that if I have any questions about the details of this notice, I may contact Courtney Poignand, LMHC for clarification.

Signature _____ Date _____

Please initial that you have read this page _____