

HIPAA Notice Of Privacy Practices Acknowledgement

Acknowledgement of receipt of the Notice of Privacy Practices.

By signing below I acknowledge that I have received, or been offered, a copy of 360 Talk Therapy's Notice of Privacy Practices, which describes how my protected health information may be used and disclosed and how I may access this information.

Patient Name _____

Date of Birth _____

For Office Use Only

If acknowledgement could not be obtained, document the good-faith effort and reason:

Patient/Guardian Signature: _____ Date: _____