

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

Client Name: _____

Date of Birth: _____

I hereby acknowledge that I have received and read a copy of Prana Counseling Services, LLC's Notice of Privacy Rights concerning use and disclosure of protected health care information.

Client's Signature: _____

Today's Date: _____

If not the client, please print and state legal authority to sign for client. Signature:

Relationship: _____