

**Laurie J. Hall, LCSW**

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**Acknowledgement of Receipt of Notice of Privacy Practices**

Primary Client: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was passed by Congress to promote standardization and efficiency in the health care industry. HIPAA will accomplish these goals by imposing new restrictions on how covered entities (such as psychotherapists) can use and share information, and by creating new rights for individuals concerning their health information.

By signing this form, you are acknowledging receipt of the *Notice of Privacy Practices* (the attached packet). The *Notice of Privacy Practices* provides information about how the HIPAA law indicates that I may use and disclose your protected health information.

The *Notice of Privacy Practices* is subject to change. If there are changes made to the privacy practices required of psychotherapists, I will notify you, and you may obtain a copy of the revised notice from me by contacting me at 619-297-0025.

If you have any questions about this *Notice of Privacy Practices*, please contact me at: Laurie J. Hall, LCSW, 1545 Hotel Circle South, Suite 250, San Diego, CA, 92108, 619-297-0025.

\_\_\_\_\_  
Client/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including \_\_\_\_\_. However, because of \_\_\_\_\_ I was unable to obtain my patient's acknowledgement.

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date