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## **ACKNOWLEDGEMENT OF RECEIPT** **of Patient Privacy Policy**

Under the statutes of the Federal Health Insurance Portability and Accountability Act (HIPAA; passed in 1996), clinics like ours were required to create specific practices and policies to protect Patient Health Information (PHI).

We want our clients to understand how we protect their privacy when we collect and use health information and the measures we take to safeguard that information. Each of these instances is spelled out in our Notice of Patient Privacy Policy.

The Notice of Patient Privacy Policy lists your rights under HIPAA:

- The right to access your PHI
- The right to amend your PHI
- The right to and accounting of disclosures by the health plan
- The right to request restrictions on the use and disclosure of your PHI
- The right to receive confidential communications

Please read our Notice of Patient Privacy Policy that we have given to you. Your signature here is an acknowledgement of your receipt of this policy:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client or Parent/Guardian)