



LifeMenders
Counseling

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____ SSN: _____

Guidelines for Licensed Professional Counselors specify privacy rules for patient records. New HIPPA regulations protect virtually all patients regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your health care provider will need to consider the privacy rule.

All health information including paper records, oral communications, and electronic formats (such as email) are protected by the privacy rule. The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. I also take precautions to safeguard your health information such as employing computer security measures. Please feel free to ask questions about exercising your rights or how your health information is protected in my office.

The Notice of Privacy Practices is available for review in my office, and also on my website (www.lifemenderscounseling.com). It describes how you can exercise your rights with regard to protected health information, and how your confidential health information is protected.

I have had access to the Notice of Privacy Practices and am aware of my rights.

Signature of Client

Date