



Coral Gables, FL 33146 • Tel: 786-531-8841 • Email: selfexpressionstx@gmail.com

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Self-Expressions Therapy is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

☐ I acknowledge that I have received a copy of Self-Expressions Therapy's HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

☐ I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

☐ I understand Self-Expressions Therapy cannot disclose my health information other than as specified in the notice.

☐ I understand that Self-Expressions Therapy reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.
HIPAA Privacy Notice Acknowledgement

Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the patient/legal representative noted above. It could not be obtained for the following reason(s)

- An emergency prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- A communication barrier prevented us from obtaining acknowledgement.
- Other: _____

Staff Member Signature

Date