



Acknowledgement of Receipt of HIPAA Notice of Privacy Practices Form

The Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that WMCC provides you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached, explains HIPAA and its application to your personal health information in greater detail. The law requires that WMCC obtains your signature acknowledging that WMCC has provided you with this information.

It is very important that you read this notice carefully before your first session. Any questions are welcomed at that time.

I acknowledge that I have received a copy of the Notice of Policies and Practices to Protect the Privacy of Patient Health Information, effective April 14, 2003

Print Name

Signature

Date