

HIPAA Acknowledgement Form

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement if you wish. Our current Privacy Policy can also be found at www.engageservices.net.

My signature below signifies that I have received a copy of the Engage Counseling Services' HIPAA Notice of Privacy Practices as well as understand the policy can be found at www.EngageServices.Net.

Client or Authorized Person on Behalf of the Client

Date



Only sign below if you refuse to accept the privacy policy.



Client Refusal

Signature

Date

Administrative Signature

Signature

Date