GraceWorks LLC
Counseling with Aloha

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HIPAA Acknowledgment Form

I am 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 acknowledgment if you wish.

I acknowledge that I have received a copy of the office's Notice of Privacy Practices.

_____
Please print your name here

_____
Signature

_____
Date

FOR OFFICE USE ONLY:
I have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

☐ The patient refused to sign.
☐ Due to an emergency situation it was not possible to obtain an acknowledgment.
☐ We weren't able to communicate with the patient.
☐ Other (Please provide specific details):

_____
Therapist Signature

_____
Date