

Innervisions Counseling & Consulting Center S.C.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form you acknowledge that Innervisions Counseling has given you a copy of our Privacy Notice, which we are required by law to provide to you, to explain our legal duties and privacy practices with respect to your mental health information. Under Federal Regulation, we must make a good faith effort to receive written acknowledgement from you that you received our Privacy Notice.

As a mental health plan provider we must provide our Privacy Notice to you no later than April 14, 2003 and thereafter at the time of your appointment and to new clients being seen.

As a provider of mental health services, we must provide our Privacy Notice to you no later than the date of the first service delivery after April 14, 2003. If your first date of service with us is due to an emergency, we must try to give you a copy of our Privacy Notice and obtain your signature acknowledging receipt of our Privacy Notice as soon as possible after the emergency.

Initial all that are true:

I have received the Innervisions Counseling Privacy Notice.

I understand that I may discuss my questions and/or concerns about the privacy of my information with Innervisions by contacting the office or my therapist at (608) 477-9858.

Client's Signature _____ Date: _____

To be completed by Innervisions Counseling staff if Acknowledgement Form is not signed.

1. Did the client or member receive a copy of the Privacy Notice? Yes No
2. Please explain why the client or member was unable to sign an Acknowledgement Form and what efforts Innervisions Counseling made to obtain the client or member signature:

Signature of Staff _____ Date: _____