Wholehearted Counseling Services LLC
Mailing Address:
140 State Route 10 West #1013
Randolph, NJ 07869
201-503-7770
info@whcounseling.org

# NOTICE OF PRIVACY PRACTICES (HIPAA)

## ACKNOWLEDGMENT OF NOTICE

I hereby acknowledge having been advised of the Wholehearted Counseling Center's Notice of Privacy Practices (NPP). I further acknowledge and consent to Wholehearted Counseling Services to communicate with me regarding my appointments and treatment at Wholehearted Counseling Services via electronic means (i.e. mobile phone, e-mail, SMS, etc.). I understand this means Wholehearted Counseling Services and my treating provider there may transmit my Protected Health Information (PHI) such as information about my appointments and other individually identifiable information about my treatment to me via electronic means.

I understand, acknowledge and accept the risks inherent in the electronic transmission of information such that communication may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that Wholehearted Counseling Services will take reasonable precautions to protect my PHI, but cannot guarantee that all PHI transmitted via electronic communications pursuant to this authorization will be encrypted. Therefore, I understand and accept that Wholehearted Counseling Services shall not bear any responsibility or liability with respect to error, omission, claim or loss arising from, or in connection with electronic communication of information with me.

I understand that in the event I no longer wish to receive electronic communications from Wholehearted Counseling Services, I must revoke this authorization by providing written notice to Wholehearted Counseling Services. This authorization does not allow for electronic transmission of my PHI to third parties and I understand that I must execute a separate

authorization for my PHI to be disclosed to third parties. I understand that if I have any questions regarding this notice of my privacy rights, I can contact Wholehearted Counseling Services.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.