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Acknowledgement That You Have Received Our HIPAA Privacy Notice

My Sweet Speech is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information


We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared.

- I acknowledge that I have received a copy of [Private Practice / Private Practitioner Name's] HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.


- I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

- I understand [Private Practice / Private Practitioner Name] cannot disclose my health information other than as specified in the notice.


- I understand that [Private Practice / Private Practitioner Name] reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.



Print Name of Client



Date



Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.

HIPAA Privacy Notice Acknowledgement

Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the patient/legal representative noted above. It could not be obtained for the following reason(s) : An emergency prevented us from obtaining acknowledgement; The individual was unwilling to sign; A communication barrier prevented us from obtaining acknowledgement.

- Other: 