Hansel Union Consulting, PLLC

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Hansel Union Consulting, PLLC. 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 Hansel Union Consulting, PLLC. 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 Hansel Union Consulting, PLLC. cannot disclose my health information other than as specified in the notice.

☐ I understand that Hansel Union Consulting, PLLC. 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.

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Print Name of Client Date

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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