

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

NOTICE OF PRIVACY RIGHTS

The health insurance Portability and Accountability Act (HIPPA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPPA provides patient protections related to the electronic transmission of data (“the transmissions rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“security rules”). HIPPA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country and are required to provide patients with notification of the privacy rights as it relates to their health care records.

As you might expect, the HIPPA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. It is my attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what patient protections HIPPA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and as such you will find I will make every effort to do all I can to protect the privacy of your mental health records.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Tracy McCafferty’s Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Tracy McCafferty at 1955 Raymond Drive, Suite 108 Northbrook Il., 60062. Signing below indicates that I have received a copy.

Printed name of client

Date

Signature of client

Date
