

HIPAA Privacy Policies

Acknowledgement of receipt of Notice of Privacy Practices

I, _____ have been offered a chance to read the Notice of Privacy Policy Practices of Jean Pollock, and have been offered a copy of this policy for my records.

_____ I accept the Policy's terms and conditions.

_____ I refuse to acknowledge any of the terms of this Policy. I understand that if in refusing to accept the policies, Jean Pollock still has permission to treat me, *although my* insurance may not cover the services provided.

Signature of patient

date

Signature of patient

date

HIPAA Privacy Policies (couples must each sign)

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