TAHOE
TREATMENT CENTER

HIPPA

This office adheres to the regulations mandated by Health Insurance Portability and Accountability Act (HIPAA, Title II).

Copies of the HIPAA Policies and Practices to Protect the Privacy of Your Health Information describing the privacy practices and guidelines set forth as a result of this legislation are available for review or receipt upon request.

ACKNOWLEDGMENT

_____I hereby acknowledge that **I have read the above** and choose **NOT** to receive a copy of this office's HIPAA Policies and Practices to Protect the Privacy of Your Health Information at this time. I have been made aware that I can request, at any time, to review or to obtain a copy of this notice.

_____**I have requested and have received** a copy of this office's HIPAA Policies and Practices to Protect the Privacy of Your Health Information.

Client name:_____

If a minor, Name of parent/guardian:_____

Signature: _____Date: _____