

Darcy Kazarian M.S. CCC-SLP
Speech Language Pathologist

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Acknowledgement That You Have Received Our HIPAA Privacy Notice

Darcy Kazarian M.S. CCC-SLP 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

I am required by law to give you a copy of the privacy notice. This notice tells you how your health information may be used and shared.

I acknowledge that I have received a copy of Darcy Kazarian M.S. CCC-SLP's HIPAA Notice of Privacy Practices that fully explains the uses and disclosures she 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 Darcy Kazarian M.S. CCC-SLP cannot disclose my health information other than as specified in the notice.

I understand that Darcy Kazarian M.S. CCC-SLP 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 (Effective 01/01/2019)

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: _____

Clinician Signature

Date