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Written Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 724-942-5477 or by requesting one at your provider's office.

Signature _____ Date _____

Print Name*

*As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Signature _____ Date _____

Relationship

Initial/Date _____ Privacy Notice given to patient
_____ Patient signed Consent to Treat form and filed in char
_____ Privacy Officer notified of refusal