

Patrick McKee, LCPC

Individual, Family and Group Psychotherapy for Children, Adolescents and Adults



Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and clinician certifications.

I have received, read and understood your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that you are not required to agree to my requested restrictions but if you do agree it will be in writing and you will be bound to abide by such restrictions.

If I have any questions about this notice, or if I feel the party listed below has violated my privacy rights, I may contact that person. I may also submit a written complaint to the U.S. Department of Health and Human Services. You will not retaliate in any way if I choose to file a complaint.

Client Name _____

Signature of Client _____

Date _____

Signature of Parent _____

Date _____

Signature of Therapist _____

Date _____

Office Use Only		
I attempted to obtain the patient's signature in acknowledgement on this Notice to Privacy Practices Acknowledgement, but was unable to do so as documented below:		
Date:	Therapist Initials:	Reason:

401 E. Prospect Ave, Suite 208 Mount Prospect, IL 60056 Phone: 847-922-5278
Email:patrickmckeelcpc@gmail.com www.patrickmckeelcpc.com