

ACKNOWLEDGEMENT & CONSENT OF NOTICE OF PRIVACY PRACTICES(HIPAA)

By signing this form, you acknowledge & consent to the **Notice of Privacy Practices(HIPAA)** being found on my website, Ruthlynch.com, for you to download/print. The *Notice of Privacy Practices(HIPAA)* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

If you have any questions about the *Notice of Privacy Practices(HIPAA)*, please contact me at RuthLynch211@gmail.com.

I acknowledge the above stated information regarding the *Notice of Privacy Practices(HIPAA)* of Ruth Lynch, Licensed Marriage & Family Therapist. The pdf version of this document can be found at the bottom of the HIPAA page on my website, Ruthlynch.com for you to print and keep for your records.

Print Name

Date

Signature

Signature of Parent or Guardian (if client is a minor)

Date

Printed Name

Relationship to Client