ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES - HIPPA

I understand that as part of my healthcare, Kym Tolson, LCSW, maintains health records describing my health history, symptoms, diagnosis, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers.

The Notice of Privacy Practices provides specific information and thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and understand that I have been given an opportunity to review the Notice at hypnotransformations.com prior to signing this consent. I understand that I will be given a copy of any future revisions of the Notice of Privacy Practices. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that Kym Tolson, LCSW is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Kym Tolson has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I have been provided and have received The Notice of Privacy Practices.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client DATE

I further give my permission for Kym to contact me in the following ways (initial all that apply):

\_\_\_\_\_By phone leaving detailed message

\_\_\_\_\_By phone leaving no identifying information

\_\_\_\_\_By mail with return address

\_\_\_\_\_By mail leaving no identifying information

\_\_\_\_\_Through emergency contact person

\_\_\_\_\_No contact is allowed

By checking the box I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts – just the same as a pen-and-paper signature.