

HIPAA ACKNOWLEDGEMENT

My signature below indicates that I have been given the chance to review a current copy of Coastal Neuropsychology's "Notice of Privacy Practices".

Within the Notice of Privacy Practices is a complete description of client's privacy/confidentiality rights. These rights include, but are not limited to, access to medical records and receiving an account of any disclosures made to other sources as required by law.

I understand that it is sometimes necessary to disclose client's personal health information to assist in providing healthcare, to handle billing and payment, and to take care of any other health care operations. Under normal circumstances, there are generally no other uses and disclosures of this information unless I permit it. I do understand that sometimes the law may require the release of this information without my permission. (These situations are very unusual. One example would be if a client threatened to hurt her/himself or someone else.)

Client Signature

Date

Printed name

JESSE CHASMAN, PH.D. | COASTAL NEUROPSYCHOLOGY SERVICES, P.A.