

Washington Notice of Privacy Practices Acknowledgement

Your therapist keeps a record of the health care services they provide you. The Washington Notice Form describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge (initial one):

_____ (Initial Here) I received a copy of the Washington Notice Form of Privacy Practices that went into effect April 14, 2003.

_____ (Initial Here) I declined to receive a copy of the Washington Notice Form of Privacy Practices that went into effect on April 14, 2003.

Signature of Client or Legal Guardian

Date

Printed Name of Client or Legal Guardian

Relationship to Client (self, parent, legal guardian, authorize representative)

AMH Staff/Provider Signature

Date

THIS FORM WILL BE RETAINED IN YOUR MEDICAL RECORD