

**Lynn McGregor, PLLC
1557 North Ogden Street, Suite 8
Denver, Colorado 80218**

**SIGNED ACKNOWLEDGMENT OF RIGHT TO RECEIVE NOTICE OF HIPAA PRIVACY
POLICIES**

In accordance with 45 CFR 164.520, covered health care providers are required to give their Notice of Privacy Policies to every individual on the first date of services and make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. The Notice of Privacy Policies contains how a client's protected health information may be used and disclosed, and how a client may access that information. A hard copy of Lynn McGregor, PLLC's Notice is also available upon request.

Client's Name: _____

First Date Services were Provided: _____

YOU AS A CLIENT HAVE A RIGHT TO RECEIVE A COPY OF LYNN MCGREGOR, PLLC'S NOTICE OF PRIVACY POLICIES IN EITHER A HARD COPY OR ELECTRONIC FORMAT. WAIVING YOUR RIGHT TO RECEIVE A COPY OF LYNN MCGREGOR, PLLC'S NOTICE OF PRIVACY POLICIES AT THIS TIME DOES NOT PROHIBIT YOU FROM REQUESTING A COPY IN THE FUTURE.

Check on box:

- I, Client, acknowledged receipt of Lynn McGregor, PLLC's Notice of Privacy Policies

- I, Client, hereby waive my right to receive a copy of Lynn McGregor, PLLC's Notice of Privacy Policies and acknowledge that Lynn McGregor, PLLC offered me a copy of this policy, but I declined to accept it. I understand that waiving this right now does not prohibit me from requesting a paper or an electronic copy in the future.

I, _____, psychotherapist, affirm that on the first date services were provided to Client, I attempted to provide Client with a hardcopy of my Notice of Privacy Policies and obtain Client's acknowledgment of receipt of the Notice. Client waived his/her right to receive a hard copy of the Notice.

Client's Signature
(Parent/Legal Guardian, if Applicable)

Date

Psychotherapist's Signature

Date