



**121 Hidden Glen Way
Dothan, AL 36303
334-446-1425**

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Wiregrass Therapy Associates, LLC is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

I acknowledge that I have received a copy of Wiregrass Therapy Associates, LLC HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

I understand Wiregrass Therapy Associates, LLC cannot disclose my health information other than as specified in the notice.

I understand that Wiregrass Therapy Associates, LLC reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.