



Privacy Notice Acknowledgement

To Our Clients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice. If you have questions about the Privacy Notice, please feel free to direct these to the Hello Clinic at any time.

Client Name (Please Print): _____ Date of Birth: _____

Client to complete this section

I have received a copy of the Privacy Notice for this organization on today's date.

Signed: _____ Date: _____

If client is unable to acknowledge receipt, staff member providing notice to complete this section.

The Privacy Notice was provided to:
(client name) _____ on: (date) _____

The client was unable to acknowledge the receipt of the Privacy Notice for the following reason.

Signed: (the Hello Clinic staff member) _____