

Alice Litter MSW LICSW

Receipt of HIPAA Notice Re Privacy and Patient's Rights

I acknowledge that I have been given an opportunity to read Alice Litter's HIPAA privacy policies & practices and patient's rights as explained in a document entitled "Notice of Alice Litter's Policies and Practices to Protect the Privacy of Your Health Information and Patient's Rights." I understand that if I have any questions regarding the Notice or my privacy rights, I can discuss these with Alice Litter.

Date: _____

Signature of client/parent/legal representative or guardian

Printed name of person signing above