



MN THERAPIES

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Acknowledgment of Receipt of Privacy Practices (HIPAA)

I acknowledge that I received the most recent notice of privacy practices that went into effect on September 23rd, 2013 and that I was given the opportunity to ask questions about these policies. I understand that I have the right to ask further questions about these policies at any time.

Patient Signature

Date

Patient Name (Printed)

For Clinic Use Only:

_____ Patient signed the acknowledgement of receipt of privacy practices form.

_____ Patient refused to sign the acknowledgment of receipt of privacy practices form.

Clinic Representative Signature

Date