



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Basic Bliss Life Coaching and Counseling

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Basic Bliss Life Coaching and Counseling "NOTICE OF PRIVACY PRACTICES"

An authorized representative of Basic Bliss Life Coaching and Counseling has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that Basic Bliss Life Coaching and Counseling has included a provision that it reserves the right to change the terms of its notice and to make the new provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practices".

I understand that this office may not be required to honor some changes to the "Notice of Privacy Practices."

Signature

Date

Printed Name

(Office use only)

Signed form received by: _____

Date: _____