

Life Strategy Center

Helping Change Lives for the Better

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CONFIRMATION OF RECEIPT OF HIPAA NOTICE

Federal guidelines under the Health Insurance Portability & Accountability Act (HIPAA) require that, as your healthcare provider, I am to provide you with a written copy of HIPAA Notice, informing you of your rights, protections and exceptions or limitations to privacy as the recipient of psychological and counseling services through this office. Written confirmation that you have received this Notice is required.

By your signature below, you confirm that you have received a copy of HIPAA Notice as required by law, and that your rights as someone receiving services through this office have been explained to you to your satisfaction:

_____ Date _____

Name of Patient/Client

_____ Date _____

For Minors, Parent or Guardian

_____ Date _____

Witness