**Notice of Privacy Practices for Protected Health Information**

**Health Insurance Portability & Accountability Act of 1996 (HIPAA)**

Due to increased awareness of the need for more strict guidelines regarding privacy of your protected health information, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) was legislated, effective April 14, 2003. As part of this law, TherapydiaSF is required to provide you with the option of receiving a copy of this Notice. You are able to receive this Notice either electronically or on paper.

**If you decline to receive a paper copy of such Notice at this time, please sign under the Waiver section below, knowing it is available to you in the future should you wish to receive it. If you wish to receive a paper copy of the Notice, please sign under the Acknowledgement section below.**

**Waiver (Receive HIPAA Electronically)**

I, the undersigned, am aware of my right to receive a paper copy of the above Notice and have declined such Notice. I am aware that this Notice is available to me online at TherapydiaSF’s website, www.therapydiasf.com, and I choose to receive such Notice electronically. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

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| Print Name: |  |
|  |  |
| Signature: |  |
|  |  |
| Date Signed: |  |

**Acknowledgement (Receive HIPAA Paper Copy)**

I, the undersigned, acknowledge with my signature that I have received a paper copy of the above-mentioned Notice. I understand that it is my responsibility to read and be aware of these rights as outlined in the Notice.

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| Print Name: |  |
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| Signature: |  |
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| Date Signed: |  |