



**HopeNet**

Transforming Lives through  
Coaching and Counseling

**HIPAA NOTICE OF PRIVACY PRACTICES**

**CLIENT ACKNOWLEDGEMENT OF RECEIPT**

*The Health Insurance Portability and Accountability Act (HIPAA) is a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information. HIPAA requires that we provide you with a Notice of Private Practice. The law requires that we obtain your signature acknowledging that we have provided you with this information. If you have any question about the Notice of Privacy Practice form, please feel free to talk with us.*

*Your signature below is only an acknowledgment that you have received this Notice of Privacy Practices.*

*Client Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_  
(please print)

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_