

FOCUS CENTERS, PLLC

VERIFICATION OF RECEIPT OF HIPPA

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices just given to you describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law.

It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Please be sure and read this information.

Your signature below ONLY attests to the fact that you were given the HIPPA Notice of Privacy Practices by one of our staff members.

Date: / / _____

Witness: _____