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HIPAA Notice of Privacy Receipt Form

By my signature below, I _____ acknowledge that I have received a copy of the updated HIPAA Notice of Privacy Practices form upon intake which is located on pages 11 – 17 of the Compass Behavioral Health Clinic Consumer Guidebook.

Client Name (Printed): _____

Client Signature

Date

Parent/Guardian Signature

Date

CHBC Witness Signature

Date