

North Pines Counseling, P.C

Office of Rob Neils Ph.D., Sandi Neils, MSW, ACSW & Patrick Lipp, MS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES MANDATED BY HIPAA *

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for North Pines Counseling, P.C..

Signature of client (or legal representative)

Date

Legal representative's relationship to client, for example, parent, legal guardian, personal representative, holder of durable power of attorney for health care.

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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* Health Insurance Portability and Accountability Act

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