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Receipt and Acknowledgement of Notice for Health Insurance Portability and Accountability Act (HIPAA) Regulations

I, _____, acknowledge that I have received a copy of the Notice of Policies and Practices for Protection of the Privacy of Client Health Information. I understand that I have had the opportunity to ask question regarding this document, and that I may contact Ann Zbylot if I have question of concerns in the future.

Name (sign) _____

Date _____