Frances Forgione, PLLC 1416 Larimer Street, Suite 207 Denver, Colorado 80202

SIGNED ACKNOWLEDGMENT OF RIGHT TO RECEIVE NOTICE OF HIPAA PRIVACY POLICIES

In accordance with 45 CFR 164.520, covered health care providers are required to give their Notice of Privacy Policies to every individual on the first date of services and make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. The Notice of Privacy Policies contains how a client's protected health information may be used and disclosed, and how a client may access that information. A hard copy of Frances Forgione, PLLC's Notice is also available upon request.

Client's Name:

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First Date Services were Provided:	
NOTICE OF PRIVACY POLICIES IN WAIVING YOUR RIGHT TO RECEIVE	RECEIVE A COPY OF FRANCES FORGIONE, PLLC'S EITHER A HARD COPY OR ELECTRONIC FORMAT A COPY OF Frances Forgione's, PLLC'S NOTICE OF DOES NOT PROHIBIT YOU FROM REQUESTING A
Check on box: ☐ I, Client, acknowledged receipt of Fice Coaching, PLLC) Notice of Privacy Police.	rances Forgione's (Denver Counseling & Executive Lifecies
Executive Life Coaching, PLLC) Notice Forgione's (Denver Counseling & Executive Executive Life Coaching, PLLC) Notice Forgione's (Denver Counseling & Executive Life Coaching, PLLC) Notice Forgione's (Denver Counseling, PLLC) Notice Forgione (Denver	eive a copy of Frances Forgione's (Denver Counseling & ce of Privacy Policies and acknowledge that Frances tive Life Coaching, PLLC) offered me a copy of this policy d that waiving this right now does not prohibit me from y in the future.
provided to Client, I offered to provide C	chotherapist, affirm that on the first date services were lient with a hardcopy of my Notice of Privacy Policies and ipt of the Notice. Client may waive his/her right to receive
Client's Signature (Parent/Legal Guardian, if Applicable)	Date
Psychotherapist's Signature	Date