

Notice of Privacy Practices
ACKNOWLEDGMENT AND CONSENT FORM

Welcome to my practice. This document contains important summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and patient rights. You are being provided with two separate documents regarding HIPAA: the Notice of Privacy Practices which details the law and your rights under it and the Acknowledgement and Consent Form for you to sign which, as it implies, acknowledges that you received and reviewed the Notice of Privacy Practices.

The notice of Privacy Practices provides you with a) information about how your Protected Health Information (PHI) may be used or disclosed and b) information about your Rights under the law. You have the right to review the Notice before signing this consent. The terms of the Notice may change. If they change, you may request a revised copy. These will be available at the location where we meet.

You have the right to request that your PHI be restricted in respect to disclosure for treatment, payment or health care operation. Agreement to this is not required by law however, if agreed, the arrangement will be honored.

By signing this form, you consent to use and disclosure of PHI about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures already made in reliance with the prior consent. This form is being provided to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

By signing below you are verifying that you understand:

- Protected Health Information (PHI) may be disclosed or used for treatment, payment or health care operations;
- There is a Notice of Privacy Practices form that you have received and reviewed.
- Gentile Counseling Services, PC (GCS) reserves the right to change the Notice of Privacy Practices. Changes will be posted in the office.
- You have the right to request the restriction of the use of your information but GCS does not have to agree to those restrictions.
- You may revoke this consent in writing at any time, except retroactively.

I hereby acknowledge that I have received and been given an opportunity to read a copy of GCS' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Allison Gentile, LCSW, privacy officer at (703) 869-4633.

Signature of Patient or Legal Representative

Date

Printed name of Patient or Legal Representative

Relationship of Legal Representative (if applicable)

if checked, patient refuses to sign this consent

Allison Gentile, LCSW/ Date