

The PAIR Center for Couples Counseling, PLLC
1404 Raeford Rd, Fayetteville, NC 28305
paircounseling@gmail.com
910-302-8732

Acknowledgement That You Have Received Our HIPAA Privacy Notice

The PAIR Center for Couples Counseling, PLLC is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other mental healthcare provider
- Medical history
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

I acknowledge that I have received a copy of The PAIR Center for Couples Counseling, PLLC HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

I understand The PAIR Center for Couples Counseling, PLLC cannot disclose my health information other than as specified in the notice.

I understand that The PAIR Center for Couples Counseling, PLLC reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Printed Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.
HIPAA Privacy Notice Acknowledgement

Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the client/legal guardian noted above. It could not be obtained for the following reason(s)

- An emergency prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- A communication barrier prevented us from obtaining acknowledgement. - Other:

Therapist Signature

Date