

Maria P. Hanzlik, PsyD, HSPP
50 E. 91st Street, Suite 316
Indianapolis, IN 46240
Tel: 317.550.3221
Fax: 317.550.3228

ACKNOWLEDGMENT: RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I have received a copy of HIPAA Notice of Privacy Practices from Maria P. Hanzlik, PsyD, HSPP effective July 1, 2015.

Patient Name (please print): _____

Patient Signature: _____

Date: _____

(For couples)

Name (please print): _____

Signature: _____

Date: _____

I am a parent or legal guardian of _____ (patient name). I have received a copy of Notice of Privacy Practices from Maria P. Hanzlik, PsyD, HSPP effective July 1, 2015.

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Notice of Privacy Practices effective July 1, 2015 was given to individual on _____ (date)

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In person conversation _____
- Telephone contact _____
- Mailing _____
- Email _____
- Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____