



WESTSIDE CENTER
for COUNSELING and THERAPY
205 S. Minnesota Street
Carson City, NV 89703-4269

PRIVACY PRACTICES NOTICE

Westside Center for Counseling and Therapy strictly adheres to the regulations mandated by the

Health Insurance Portability and Accountability Act (HIPAA, Title II)

Copies of the *INFORMATION PRACTICES NOTICE*, describing the Privacy Practices and Guidelines set forth as a result of this legislation, are available for review or receipt upon request.

ACKNOWLEDGEMENT

_____ I hereby acknowledge that I have read the above and choose not to receive a copy of the Privacy Practices and Guidelines at this time. I have been made aware that I can request, at any time, to review or to obtain a copy of the *INFORMATION PRACTICES NOTICE* for Westside Center.

_____ I requested and have received a copy of the *INFORMATION PRACTICES NOTICE* for Westside Center.

Signature: _____ Date: _____

Print Name: _____

Signature of Therapist: _____