

**Verification of receipt of Notice of Privacy Practices and Patient Rights
as required by
The Health Insurance Portability and Accountability Act (HIPAA)**

I acknowledge that I have received a copy of the Notice of Privacy Practices and Patient Rights from the office of Renee Burwell, LMSW as required by HIPAA. I understand that my health care provider is required under federal law to maintain the privacy of my protected health information and I understand the circumstances under which my health information can be disclosed. I am aware that I have a right to request restrictions on uses and disclosures of my protected health information and that my provider has a right to not agree to such a restriction. I am aware that I have a right to request communication from my provider by alternative means or locations and that my provider has a right to condition the provision of this accommodation. I am aware that I have a right to request access to my protected health information and that my provider may deny this access under certain conditions based on his or her professional judgment. I am aware I have a right to request an amendment to my protected health information and that my provider has a right to deny such amendment. I am aware that I have a right to request an accounting of disclosures of my protected health information after 4/14/2003 and that there are certain circumstances for which my provider is not subject to these disclosures. I have been informed that my diagnosis and personal health information may be presented for professional supervision as indicated by Tennessee Health Licensing Board.

Any statements pertaining to intent to harm self will be reported to proper authorities if you are unwilling to seek safety voluntarily. Any statements pertaining to intent to harm another person will be reported to that person when information is available to contact them and to the proper authorities if you are unwilling to seek help voluntarily. Any reports of abuse of any child including the possession or distribution of child pornography will be reported to the police and to the TN Dept. of Children's Services. Any reports of abuse to an elderly or disabled adult will be reported to the TN Dept. of Adult Protective Services.

Client 1 signature and date:

Client 2 signature and date: