

Gail A. Phillips, LCSW

2734 N. Hills Drive NE

Atlanta, Georgia 30305

gail@gailphillips.net

(404) 982-9010

HIPAA Client Notification of Privacy Rights
Signature Page

I, _____, understand and have been provided a copy of the Client Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

Signature

Date