

**Compass Psychological Services, LLC**  
**Kara Zlotnick, Ph.D., NJ License 4416**  
**216 Maple Avenue**  
**Red Bank, New Jersey 07701**  
**732.778.6360**

***Acknowledgement of Receipt of Notice of Privacy Practices  
Individually Identifiable Health Information (IIHI)***

The federal government has mandated that as of April 14<sup>th</sup>, 2003 all health care patients are to receive from their clinicians (hereafter referred to as “Notice”) regarding the protection of their private health care information (IHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 C.F.R. parts 160 and 164).

This acknowledgement documents that Dr. Kara Zlotnick has given you the Notice that is required. HIPAA covers Individually Identifiable Health Information (IIHI) that is used for treatment, payment, and health care operations. IIHI is information in your health record that could identify you.

The Notice contains basic information about the following:

1. How your IIHI may be used and disclosed for treatment, payment, and health care operations.
2. Which uses and disclosures require authorization from you and which don't.
3. How you may revoke an authorization you have made.
4. Certain rights you have to restrict use and disclosure of IIHI, to receive confidential communications by alternative means and at alternative locations, to inspect and copy your records, to amend your records and to have an accounting of disclosures.
5. A list of my duties to protect the privacy of your IIHI, my right to change privacy policies and practices described in the Notice, and how I will inform you of changes.
6. What you can do if you have complaints about violations of your privacy rights, about decisions, about access to your records,
7. Any restrictions and limitations you or I wish to put on the use and disclosure of your IIHI.

The Privacy Notice is two pages in length. Generally, the Notice is given on a patient's or legal guardian's first visit unless there is good reason to delay. This page documents that I have given you a copy of the Notice.

**I acknowledge that Compass Psychological Services, LLC has given me a copy of the Privacy Notice as required by HIPAA legislation.**

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/  
Legal Guardian

\_\_\_\_\_  
Signature of Parent/  
Legal Guardian

\_\_\_\_\_  
Date