

Notice of Privacy Practices Acknowledgement

Michaele (Shelly) Knous, MS, LCPC
Naperville, Illinois 60540
(630) 460-4611
Michaele1133@gmail.com

I understand that, under the Health Insurance Portability & Accountability Act of 1996, (HIPAA), I have certain rights to privacy regarding my protected health information. Federal and state law allows providers to use and disclose my protected information for purposes of treatment and care operations. Michaele Knous, MS, LCPC will not disclose my record to others unless I direct her to do so or unless the law authorizes or compels her to do so.

My signature below acknowledges this receipt of the Notice of Privacy Practices:

Printed Name / Signature **Date**

Printed Name / Signature **Date**

Parent / Guardian Printed Name / Signature **Date**