

**WALLIS AND ASSOCIATES PROFESSIONAL COUNSELING SERVICES, INC**

131 Prominence Court, Suite 2020 Dawsonville, GA 30534 Office: 706.490.9204  
[www.walliscounseling.org](http://www.walliscounseling.org)

## **Acknowledgement of Receipt of Notice of Privacy Practices**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that provides privacy protections and patient rights regarding the use and disclosure of protected health information (PHI) that is used for treatment, payment, and healthcare operations.

HIPAA requires that Wallis and Associates Professional Counseling Services, Inc post and provide you with a Notice of Privacy Practices to inform you of your rights as well as how your information can legally be used and disclosed. HIPAA requires that we obtain your signature acknowledging that we have provided you with this information.

I, the undersigned, hereby acknowledge that I have received a copy of the currently effective NOTICE OF PRIVACY PRACTICES for Wallis and Associates Professional Counseling Services, Inc.

\_\_\_\_\_  
Client Name (Printed):

\_\_\_\_\_  
Client Signature:

\_\_\_\_\_  
Parent Guardian Signature (if applicable)

\_\_\_\_\_  
Date Notice Received: