

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____ **DOB:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices and Informed Consent for Psychotherapy. I understand the limits of confidentiality as they were provided to me in writing and explained verbally. I understand that if I have any questions regarding this notice or my privacy rights, I can contact: Christine Komiske Dwyer, LCSW at (804)608-9430.

Client Signature

Date

Parent/Guardian Signature[®]

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc).

Patient/Client Refuses to Acknowledge Receipt:

Therapist Signature

Date

Email and text communications: In 2013, HIPPA rules clarified that it is acceptable for clients to authorize the use of email or text to communicate PHI. Sending PHI by email/text exposes PHI to the risks of the email/text being sent to the wrong person or being captured electronically en route. While each clinician utilizes a secure email that allows for encryption and all reasonable efforts are made to secure PHI, it is important to understand that there is still risk involved. If you would like the ability to communicate via email and/or text, please indicate with your authorization below. By signing you are authorizing the use of email and/or text and you are indicating that you have been informed of the risks associated with electronic communication.

Email Communications No restrictions on communication Appointment scheduling only

Client Signature /Date

Email address for communication

Text Communications No restrictions on communication Appointment scheduling only

Client Signature /Date

Phone number for communication