Lauren Manasse, LICSW
17 Henshaw Street
Brighton Center, MA 02135
(617) 894 0024
www.laurenmanasse.com
info@laurenmanasse.com

HIPAA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that changes may be made from time to time and that I may contact Lauren Manasse, LICSW at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Client name Date

Signature Date

OFFICE USE ONLY
I attempted to obtain the client's signature in acknowledgement of this Notice of Privacy Practices Agreement, but was unable to do so as documented below:

NPI #1013064229
Lm8/11