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RECEIPT OF NOTICE OF HEALTH INFORMATION PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and of how your medical information can be used by our staff in providing and arranging your medical care.

Lubbock Psychiatry, PLLC is furnishing you with the attached notice, which provides information about how Lubbock Psychiatry, PLLC and its providers may use and/or disclose protected health information about you for treatment, payment, health care operations and as otherwise allowed by law. By signing this form, you acknowledge that you have received a copy of Lubbock Psychiatry, PLLC's Notice of Health Information Practices.

Patient name

Signature of patient/guardian/legal representative

Signature date

Signature of witness

Signature date