



**POLICIES and PRACTICES to PROTECT the  
PRIVACY of YOUR HEALTH INFORMATION**

I have received a copy of the guidelines on *Policies and Practices to Protect the Privacy of Your Health Information* and consent to its provisions.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client/Responsible Party

\_\_\_\_\_ Date: \_\_\_\_\_  
Client/Responsible Party

\_\_\_\_\_ Date: \_\_\_\_\_  
Witness