



**Paraclete Counseling Services, LLC**  
6 South 2<sup>nd</sup> Street, Suite 316  
Yakima, WA 98901  
(509) 452-0192  
Fax: (509) 452-0691

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**NOTIFICATION of PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) requires that you are provided with a Notice of Privacy Practices for use and disclosure of protected health information (PHI) for treatment, payment and health care operations. The Notice you were given explains HIPAA and its application to your personal health information in greater detail. The law requires that your signature is obtained and acknowledges that you have been provided with this information. Although this document is long and sometimes complex, it is very important that you read it carefully and if desired we can discuss any questions you have about privacy. Please read the statement below acknowledging your receipt of this notice:

I have received and reviewed a notice containing summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and new patient rights with regard to the use and disclosure of my Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

(If Client is under 13 years old)  
Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Parent / Guardian: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

(If Client is under 13 years old)  
Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Parent / Guardian: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date