

**CHRISTIAN PSYCHOTHERAPY SERVICES HIPAA OMNIBUS RULE  
PATIENT ACKNOWLEDGEMENT FORM FOR RECEIPT OF NOTICE OF PRIVACY PRACTICES  
CONSENT/LIMITED AUTHORIZATION & RELEASE FORM**

You may refuse to sign this acknowledgement & authorization. In refusing we may not be allowed to process your insurance claims.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

HOW DO YOU WANT TO BE ADDRESSED WHEN SUMMONED FROM RECEPTION AREA:

First Name Only                       Proper Surname                       Other \_\_\_\_\_

PLEASE LIST ANY OTHER PARTIES WHO ARE ACTIVELY INVOLVED IN YOUR HEALTH CARE AND WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION: (This includes stepparents, grandparents and any caretakers who can have access to this patient's records)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I AUTHORIZE CONTACT FROM THIS OFFICE FOR APPOINTMENT CONFIRMATIONS, RELAY HEALTH INFORMATION, TREATMENT AND BILLING INFORMATION VIA:

- Cell Phone     Work Phone  
 Text Message to my Cell Phone                       Any of the Above  
 Home Phone

I have seen and been offered a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents. I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations. A copy of this signed, dated document shall be as effective as the original.

\_\_\_\_\_  
Please *print* name of Patient

\_\_\_\_\_  
Please *sign* Patient / Guardian of Patient

\_\_\_\_\_  
Please *print* Legal Representative's / Guardian's name

\_\_\_\_\_  
Relationship of Legal Representative / Guardian

**OFFICE USE ONLY**

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

- It was emergency treatment  
 I could not communicate with the patient  
 The patient refused to sign  
 The patient was unable to sign because) \_\_\_\_\_

Signature of Privacy Officer \_\_\_\_\_