

Notice of Privacy Practices and HIPAA
Mindful Inspiration Counseling, LLC

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from the Mindful Inspiration Counseling, LLC. The notice of Privacy Practices provides information how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change.

I acknowledge receipt of the Notice of Privacy Practices from Mindful Inspiration Counseling, LLC.

Signature of Client

Date

Name of Client

Date