

Daniel Bolton, LMHC
61 Roseland St.
Somerville, MA 02143

Daniel Bolton, LMHC

Privacy Practices Acknowledgment Form

Client Name: _____

I (print name) _____ hereby acknowledge that I have received a copy of the Daniel Bolton, M.A., LMHC's Notice of Privacy Practices (the Notice).

I understand that the Notice describes how Daniel Bolton, M.A., LMHC uses and discloses my medical and billing information. The Notice also describes my rights and how I can receive additional information.

Signature of Patient / Parent / Legal Representative	Date	Relationship to Patient

I (print name) _____ authorize Daniel Bolton, LMHC of 61 Roseland St. Somerville, MA 02143

TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO MY HEALTH RECORDS AND HEALTH CARE TREATMENT:

- Information related to the scheduling of meetings, appointments including appointment reminders via email and/or text message from Dan Bolton, LMHC and/or Business Associates of Dan Bolton, LMHC
- Information related to billing and payment, including invoicing from Business Associates of Dan Bolton, LMHC

TERMINATION

This authorization will terminate _____ days after the date listed below.

OR

This authorization will terminate when the following event occurs: _____.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

Acknowledgment and Authorization:

Signature Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgment
- Other (please specify) _____

Date: _____