

**Claire Caines, LCSW, LCADC, CSAT
Licensed Clinical Social Worker
NJ License SC05851
973-300-0428**

**936 Potters Road
Newton, NJ 07860**

**268 Green Village Road
Green Village, NJ 07935**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

A new federal law, the Health Insurance Portability and Accountability Act (HIPAA) provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached, explains HIPAA and its application to your personal health information in greater detail. The law also requires that I obtain your signature acknowledging that I have provided you with this information.

I hereby acknowledge that I have received from Claire Caines, LCSW the **Notice of Policies and Practices to Protect the Privacy of Your Health Information.**

Signature _____

Print Name _____

Date _____

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