

Yuko Brull, MFT 42383 - Licensed Marriage and Family Therapist

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RECEIPT AND ACKNOWLEDGMENT OF HIPAA NOTICE OF PRIVACY PRACTICES

Please read Yuko Brull's HIPAA Notice of Privacy Practices before you sign this form; the Notice describes:

- *How your Protected Health Information (PHI) may be used and disclosed.*
- *How you can gain access to your PHI, and*
- *Ms. Brull practices to safeguard your PHI.*

I hereby acknowledge that I have received, and have been given an opportunity to read a copy of, Yuko Brull's HIPAA Notice of Privacy Practices. I understand that if I have any questions regarding the Notice, or my privacy rights, then I can contact Ms. Brull.

Signature of Client:

Printed Name: _____ Date: ____ / ____ / ____

Signature of Personal Representative (if other than client):

Printed Name: _____ Date: ____ / ____ / ____

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

Ms. Yuko Brull has made a good faith effort to obtain the above acknowledgement.

Person seeking services refuses to sign.

Yuko Brull, MFT: _____ Date: ____ / ____ / ____
Lic. MFT 42383