

Trinity Equestrian Center's Healing With Horses

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION

Client Name:

Date of Admission of Service:

By signing this form, you acknowledge that Trinity Equestrian Center's Healing With Horses has given you a copy of its Policy and Notice of Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations. Clients receiving services on or after April 14, 2003 will be asked to sign this form.

If your first date of service with Trinity Equestrian Center's Healing With Horses was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as possible after the emergency.

By my signature below, I acknowledge I have received a copy of the Trinity Equestrian Center's Healing With Horses Policy and Notice of Privacy Practices Regarding Health Information and have been given an opportunity to discuss my concerns and questions.

Client's Signature

/ /
Date

Trinity Equestrian Center's Healing With Horses **staff should complete if this Acknowledgement form is not signed:**

1. Was the client given a copy of the Trinity Equestrian Center's Healing With Horses Policy and Notice of Privacy Practices Regarding Health Information?
 Yes No
2. Please explain why the client did not sign this acknowledgement form and explain Trinity Equestrian Center's Healing With Horses efforts in trying to obtain the client's signature: _____

Staff's Signature

/ /
Date