

## DONNA MORRISH, M.S.

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Castro Valley, CA 94546  
(510) 290-0989  
Licensed Marriage, Family Therapist (CA)  
Registered Psychotherapist (CO)

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act (HIPPA) of 1996, I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- \*conduct, plan and direct my treatment and follow-up with the multiple healthcare providers who may be directly or indirectly involved in that treatment.
- \*obtain payment from third-party insurance payers.
- \*when disclosure is required by law

I have been given the opportunity to read and understand The Notice of Privacy Practices which contains a more complete and detailed description of the uses and disclosures of my health information. I understand that Donna Morrish has the right to change the Notice Privacy Practices from time to time, and that I may contact her at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private mental health information is used or disclosed to carry out treatment, payment or mental health operations. I understand that Donna Morrish is not required to agree to my requested restrictions, but, if this she does agree, then she is bound to abide by such restrictions.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_