

NOTICE OF PRIVACY PRACTICES – PLEASE SIGN

Leslie Foge, MA, LMFT Psychotherapy Services

Bruce Sorenson, MA, Associate MFT (#120604)

Employed & Supervised by Leslie Foge (MFC#23841)

954 Risa Road Suite A

Lafayette, CA 94549

925 -323- 7126

brucesorensontherapy@gmail.com

HIPAA COMPLIANCE CONSENT

This agreement is made between Bruce Sorenson, Associate Marriage and Family Therapist and _____, a client or responsible party.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) your therapist cannot treat you unless you sign this consent form regarding your Privacy. These procedures are in effect as of April 15, 2003. If these policies are changed in the future you will be notified.

I understand that during the course of my treatment my therapist will be collecting what the law calls Protected Health Information (PHI) about me and/or my child. The therapist needs to use the information to decide on the best treatment and to coordinate care. My therapist may also share this information with others who provide my treatment or use it to arrange payment for that treatment. I understand that if there is specific information I want not to be disclosed I can communicate that to my therapist and they will do their best to honor that request.

By signing this form I am agreeing to let my therapist use my information here in the office and send it to others as outlined in the Notice of Privacy Practices. I have read this Notice and understand my rights regarding Privacy.

Signature of Client or Responsible Party

Date

Signature of Client or Responsible Party

Date

Signature of Bruce Sorenson, Associate MFT (#120604)

Date