



Acknowledgement of HIPAA Policy



Diana Allen, M.A., CCC-SLP
Speech-Language Pathologist
203-969-4030
diana.allen.speech@gmail.com

Diana Allen, M.A., CCC-SLP is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

I am required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

- I acknowledge that I have received a copy of Diana Allen, M.A., CCC-SLP HIPAA Notice of Privacy Practices that fully explains the uses and disclosures she will make with respect to my individually identifiable health information.
- I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.
- I understand Diana Allen, M.A., CCC-SLP cannot disclose my health information other than as specified in the notice.
- I understand that Diana Allen, M.A., CCC-SLP reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement.