Beverlee Laidlaw Chasse, MC, LPC
8114 E. Cactus Rd. Suite 240 Scottsdale, AZ 85260
(O) 480-427-3550 (VM) 480-391-9877

Acknowledgement of Receipt of HIPAA Privacy Policy

I, ___________________________, acknowledge that I have received a copy of the HIPAA Privacy Policy of Beverlee Laidlaw Chasse, MC, LPC.

This Privacy Policy describes how Beverlee Laidlaw Chasse, MC, LPC, may use and disclose my protected health information, certain restrictions on the use and disclosure of my health care information, and rights I may have regarding my protected health information.

I hereby authorize Beverlee Laidlaw Chasse, MC, LPC, to use and disclose my protected health information to carry out treatment, payment or health care operations (as stated in the HIPAA Privacy Policy).

Client/Representative Signature ____________________________ Date: _________
By: ___ Client ___ Representative

Parent/ Guardian Signature: _______________________________ Date: __________
(If Client is under 18 yrs. Old) **By: ___ Parent ___ Guardian**