

Tamara Nezirevic, MC, LPC
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Acknowledgement of Receipt of HIPAA Privacy Policy

I, _____, acknowledge that I have received a copy of the HIPAA Privacy Policy of Tamara Nezirevic, MC, LPC.

This Privacy Policy describes how Tamara Nezirevic, 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 Tamara Nezirevic, 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