

Silber Psychological Services, P.A.
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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability Act (HIPAA) and the Notice of Privacy Practices, is a federal law that provides you additional privacy protection and explains your rights with regard to the release of any Protected Health Information (PHI). The law requires that we obtain your signature acknowledging that you have read, have access to, or have a copy of our Privacy Practices Agreement.

As a patient of Silber Psychological Services, P.A., I acknowledge that I downloaded the HIPAA Policy from the website, have read the HIPAA policy, or have been offered a paper copy of the HIPAA Notice of Privacy Practices.

⇒ Signed: _____
If the patient is a minor child then the responsible party is to sign and date

Date: _____

Office Manager's or Therapist's Signature: _____

Date: _____