



APPLIED BEHAVIORAL INTERVENTIONS

ABA / PSYCH / PT / OT / SLP & SW, pllc.
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Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of protected health information that might occur in the treatment, payment of bills or in the performance of Applied Behavioral Interventions' (ABI) health care operations. The Notice of Privacy Practices also describes patients' rights and ABI's duties with respect to protected health information. The Notice of Privacy Practices is posted in ABI's office and on ABI's website at www.abisvc.com.

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Signature of Employee

Name of Employee

Date