

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
FOR CRYSTAL A. MCCOMAS, LSCSW, LLC**

The Notice of Privacy Practices for Crystal A. McComas, LSCSW, LLC, describes how medical information about you may be used and disclosed and how you can get access to that information. As stated in the Notice, we reserve the right to change the terms of the Notice at any time. If we change the Notice, we will post any new or revised Notice of Privacy Practices on our website and in our office. We will also provide you with a copy at your next office visit and will mail you a copy upon request.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

Please be advised that you have the right to review the Notice of Privacy Practices for Crystal A. McComas, LSCSW, LLC before signing this acknowledgment.

My signature below acknowledges that I have received a complete and current copy of the Notice of the Privacy Practices of Crystal A. McComas, LSCSW, LLC.

If signed by a Personal Representative, please describe your relationship with the Client or authority to sign for the Client.

Signature of Client

Date

Client’s Printed Name

Signature of Parent or Personal Representative

Date

Parent or Personal Representative’s Printed Name

Relationship to Client/Authority