My Next Steps of Morganton, LLC

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ACKNOWLEDGEMENT OF RECEIPT- NOTICE OF PRIVACY PRACTICES

I understand that My Next Steps of Morganton is a part of an organized healthcare arrangement that includes various third-party payers and that with my consent, these entities may share my health information for treatment, billing, and other healthcare operations.

I understand that there is a publicly posted copy at this location of this organization's notice of privacy practices that describes how my health information is used and shared. I understand that My Next Steps of Morganton has the right to change this notice at any time.

My signature below constitutes my acknowledgement that I have been provided with a copy of the Notice of Privacy Practices.

Reference: Health Insurance Portability and Accountability Act (45 CFR Part 160-164) HIPAA Privacy Rule – Standards for Privacy of Individually Identifiable Health Information

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Client Signature Date