Kelly Francini LLC

Acknowledge of Receipt of Notice of Privacy Practices

A federal law, the Health Insurance Portability and Accountability Act (HIPAA) provides privacy protection and client rights with regard to the use and disclosure of your Protected Health Information (PHI). The Notice of Privacy Practices you received explains HIPAA and its application to your personal health information. The law also requires that I obtain your signature acknowledging that I have provided you with this information. Please read the Notice and ask me any questions you may have.

I hereby acknowledge that I have received from Kelly Francini LLC the **Notice of Privacy Practices**.

**Signature of Client or Legal Guardian Date**

**Print Name of Client or Legal Guardian**