

**Health Insurance Portability and Accountability Act (HIPAA)
Notice of Privacy Practices
Effective April 14, 2003
Statement of Receipt**

I, as a CMSU BH/DS client, have been given a copy of the HIPAA Notice of Privacy Practices. This notice has been reviewed with me by _____ and I have been given the (Staff Name) opportunity to ask questions and discuss this notice with the above staff member. I understand that the Notice of Privacy Practices may be revised from time to time. I have the right to receive a copy of the most current Notice in effect by contacting my case manager.

I understand that if I have any other questions, concerns or complaints about the Notice of Privacy Practice, I can call Karen Dombroski, Privacy Officer at (570)-275-6080.

Staff Name/Date

Client Name/Date