



## Receipt of Notice of Privacy Practices

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I (we) acknowledge that I (we) have been informed of the SIGN POST RELATIONSHIP SOLUTIONS Notice of Privacy Practices. By signing below, I (we) acknowledge that I (we) have been told the Notice is available electronically on the company website and I (we) have been offered a copy of the Notice in the format of my (our) choice (paper copy or electronically).

I (we) acknowledge that refusal to sign this form in no way impacts our ability to receive services from SIGN POST RELATIONSHIP SOLUTIONS.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Post Staff

\_\_\_\_\_  
Date