

**SIGNED ACKNOWLEDGMENT OF WAIVER OF RIGHT TO RECEIVE NOTICE OF
HIPAA PRIVACY POLICIES**

In accordance with 45 CFR 164.520, covered health care providers are required to give their Notice of Privacy Policies to every individual on the first date of services and make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. The Notice of Privacy Policies contains how a client's protected health information may be used and disclosed, and how a client may access that information. A copy of Grey Matters Neurofeedback's Notice is provided on its website at: _____, and hard copies are also available upon request.

Client's Name: _____

First Date Services were Provided: _____

YOU AS A CLIENT HAVE A RIGHT TO RECEIVE A COPY OF NAME'S NOTICE OF PRIVACY POLICIES IN EITHER A HARD COPY OR ELECTRONIC FORMAT. WAIVING YOUR RIGHT TO RECEIVE A COPY OF NAME'S NOTICE OF PRIVACY POLICIES AT THIS TIME DOES NOT PROHIBIT YOU FROM REQUESTING A COPY IN THE FUTURE.

I, _____, Client, hereby waive my right to receive a copy of Grey Matters Neurofeedback Notice of Privacy Policies and acknowledge that Shari Y. Johansson offered me a copy of this policy, but I declined to accept it. I understand that waiving this right now does not prohibit me from requesting a paper or an electronic copy in the future.

Client's Signature
(Parent/Legal Guardian, if Applicable)

Date

I, Shari Y. Johansson, psychotherapist, affirm that on the first date services were provided to Client, I attempted to provide Client with a hardcopy of Grey Matters Neurofeedback's Notice of Privacy Policies and obtain Client's acknowledgment of receipt of the Notice. Client waived his/her right to receive a hard copy of the Notice.

Psychotherapist's Signature

Date