

**LIFE INTEGRATION THERAPIES, PC., INC.
KAY WHITEHEAD, MSW., LCSW., FT.
23 E. 39th Street
INDIANAPOLIS, IN 46205
317-626-3626**

IMPORTANT NOTICE TO OUR CLIENTS

As required by the HIPPA Privacy Regulations, all clients who receive health care services in our office must:

- Receive the attached "Privacy Notice" Form; and
- Sign the "Acknowledgement" Form below and return it to us for our records.

Please note that this NOTICE is NOT a consent form. It is Notice that provides our clients with a summary of how our office will use and disclose medical and billing information for legitimate business purposes, and how clients can exercise their rights with regard to this medical information. These notices are similar to the ones that the general public have received from their banks, financial institutions, doctor offices, hospitals, etc.

Please sign the Acknowledgement Form below and return it so it can be placed in your file.

Thank you.

I hereby acknowledge that I have received a current copy of the Privacy Notice from Life Integration Therapies, PC., Inc.

Signed by Client/or Personal Representative _____ Date: _____

*If signed by Personal Representative, state relationship to client: _____