

THE SERENITY CENTER OF YOUNGSTOWN

Notice of Privacy Practices

I, _____, the undersigned client (or parent/guardian of minor client, do hereby attest that SERENITY CENTER OF YOUNGSTOWN, Inc. provided me with a copy of its HIPAA NOTICE TO PRIVACY PRACTICES.

HIPAA (the Health Insurance Portability and Accountability Act of 1996) requires that effective April 14, 2003, all healthcare providers present their patients with a copy of the health provider's Privacy Practices.

By signing below, I attest only that I was indeed provided with a copy of the Privacy Practices. The HIPAA Notice of Privacy Practices handout is mine to review and keep for my own records. This form will be kept as a permanent part of my medical record at SERENITY CENTER OF YOUNGSTOWN.

Client or Parent/Guardian's Signature

Date

Notice of Patient Rights

I, the undersigned patient (parent/guardian of minor patient) do hereby attest that SERENITY CENTER of Youngstown provided me with a copy of its Patient Rights Policy. By signing below, I attest that I was indeed provided with a copy of the Patient Rights Policy. I understand that it is mine to review and keep for my own records. This form will be kept as a permanent part of me medical record at SERENITY CENTER OF YOUNGSTOWN.

Please direct any further questions to our grievance Officer:

*Michelle Griffin, Clients Rights Officer
Serenity Center of Youngstown
3657 Mahoning Ave, Austintown 44515
Phone: 330-965-9999*

Client or Parent/Guardian's Signature

Date