



## **Notice of HIPAA Privacy Acknowledgement Form**

**This is not a consent.**

By signing this document, you are acknowledging you have received a copy of our Notice of Privacy required under HIPAA. The Notice of Privacy outlines your rights to your protected health information (PHI), the possible uses of your PHI, and how we must protect the confidentiality of your PHI.

**Your Rights:**

### **Summary of the Notice of Privacy:**

You can get a copy of the full version by asking staff or going to Behavioral Health Services website at:

<https://my.uiw.edu/counseling/counseling-forms.html>

- Review and get a copy of your protected health information (PHI)
- Amend your PHI
- Receive printed or electronic copy of notice of privacy
- Request restrictions on what information we share and how we share your PHI
- Receive accounting of certain disclosure we have made of your PHI

**These rights have special restrictions.**

**It is important that you read the full Notice of Privacy for further information.**

We may use your protected health information to:

- Plan for your care
- Coordinate care between providers, specialties, and services.
- When we are required by law to do so.

**This list is not all inclusive.**

**It is important that you read the full Notice of Privacy for further information.**

I acknowledge that I have been given a copy of the Behavioral Health Services Notice of Privacy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

UIW Student/PIDM #: \_\_\_\_\_