

Acknowledgement Receipt: HIPAA Notice of Privacy Practices

By signing this form, you agree that you have received our **Notice of Privacy Practices**. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of Vision Forward Association and all affiliated covered entities of Vision Forward.

You have the right to review our **Notice of Privacy Practices** prior to signing this form. The Notice of Privacy Practices may change. A current copy may be requested by contacting our Chief Privacy Officer at (414) 615-0121 or visiting our website at [www.vision-forward.org](http://www.vision-forward.org).

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Vision Forward Association and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

**Signature of individual**

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**Signature of parent/legal authority (if applicable)**

\_\_\_\_\_  
Name of legal Authority

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Signature of Legal Authority

\_\_\_\_\_  
Date

You have the right to "opt out" of future communications from Vision Forward. You may make the request by sending your name and address to the Privacy Officer(s) with your request to be removed from our marketing and fundraising mailing lists.