



# My Mindful Way of Life

**Urszula Klich PhD, BCB**

APIT E-passport for Interjurisdictional Practice

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND RIGHTS

*THIS FORM WILL BE RETAINED IN YOUR MEDICAL RECORD*

The federal government mandates that as of April 14, 2003 all health care patients are to receive a notice from their providers regarding the protection of their private health care information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164).

My signature below attests that I have received, written in plain language, a copy of the Notice of Privacy Practices and Rights of My Mindful Way of Life, LLC. The Notice provides in detail: the uses and disclosures of my protected health care information that may be made by My Mindful Way of Life, LLC; my individual rights; and My Mindful Way of Life, LLC's legal duties with respect to my protected health care information. I have read this information and reviewed it with Dr. Urszula Klich.

I understand that My Mindful Way of Life, LLC reserves the rights to change the terms of its Notice of Privacy Practices and Rights and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain current Notice of Privacy Practices and Rights upon request.

I authorize the release of information to all my insurance companies. I authorize My Mindful Way of Life, LLC to act as my agent in helping me obtain payment from my insurance companies. I authorize payment directly to My Mindful Way of Life, LLC.

<b>Patient name (please print)</b>	<b>Date</b>
<b>Patient signature</b>	<b>Date</b>
<b>Parent/legal guardian name, if patient is a minor (please print)</b>	<b>Date</b>
<b>Parent/legal guardian signature, if patient is a minor</b>	<b>Date</b>
<b>Urszula Klich, Ph.D., BCB</b>	<b>Date</b>

**For Office Use Only:**

I attempted to obtain written acknowledgement of receipt of our Notification of Privacy Practices and Rights, but acknowledgement could not be obtained because:

- o Individual refused to sign
- o Communications barriers prohibited obtaining the acknowledgement
- o An emergency situation prevented us from obtaining acknowledgement
- o Other (Please Specify): \_\_\_\_\_

<b>Urszula Klich, Phd</b>	<b>Date</b>
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