



Karina Association
 11911 Jenifer Rd.
 Timonium, MD
HIPPA FORM

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of **Karina Association Inc.** Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by: (*accessing our web site www.karina-association.org* If you have any questions about our *Notice of Privacy Practices*, please contact:

Biliana Borimetchkova Email: biliana@karinaassociation.org

I acknowledge receipt of the *Notice of Privacy Practices* of Karina Association Inc.

Patient's Name: _____

Signature: _____
 (*patient/parent/conservator/guardian*)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient's Name: _____

Reasons why the acknowledgment was not obtained:

___ Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

___ Other reason: _____

Signature of provider representative: _____ Date: _____

AMTA is a 501(c)3 non-profit organization and accepts contributions which support its mission. Contributions are tax deductible as allowed by law.

ACUSO DE RECIBO

Al firmar este formulario, usted acusa el recibo del *Informe de Normas de Confidencialidad* de Karina Association Inc. Nuestro *Informe de Normas de Confidencialidad* ofrece información acerca del modo en que podemos utilizar y divulgar su información médica protegida. Le recomendamos que lo lea por completo.

Nuestro *Informe de Normas de Confidencialidad* está sujeto a cambio. Si hacemos modificaciones en el informe, usted puede obtener una copia del informe enmendado de este modo: (visite nuestra sede en la red www.karina-association.org).²

Si tiene alguna pregunta acerca de nuestro *Informe de Normas de Confidencialidad*, puede comunicarse con:

Acuso el recibo del *Informe de Normas de Confidencialidad* de **Karina Association Inc.**

Nombre del paciente: _____

Firma: _____ (paciente, padre o madre, guardián, tutor)

Fecha: _____

IMPOSIBILIDAD DE OBTENER EL ACUSO DE RECIBO

Complete sólo si no obtiene la firma. Si no es posible obtener el acuso de recibo de la persona, describa las gestiones de buena fe que ha realizado con el fin de obtener dicho acuso, y los motivos por el cual no fue obtenido.

Nombre del paciente: _____ Motivos por el cual no se obtuvo el acuso de recibo:

D El paciente se negó a firmar este acuso de recibo a pesar de que se le solicitó hacerlo y recibió el Informe de Normas de Confidencialidad

D Otro motivo: _____

Firma del representante del proveedor: _____ Fecha: _____

Client/Patient FAQs About The HIPAA Notice of Privacy Practices

1) What does HIPAA stand for?

HIPAA is an acronym for Health Insurance Portability & Accountability Act which was passed by Congress in 1996 and effective as of April 14, 2003.

2) Why should I sign now?

Signing now simply lets us know you received the HIPAA Notice of Privacy Practices. Of course you can choose not to sign.

3) What happens if I don't sign this acknowledgement form?

First, you need to know we will provide you timely care and treatment whether or not you sign the form. Second, if you choose not to sign the form, we will note your choice on the bottom of the acknowledgement form and hope you take a copy of the Notice.

4) Is my signature just acknowledging receipt of this notice?

Yes. By signing this acknowledgement form we then can show the Department of Health & Human Services that we are complying with one of the major rules of HIPAA to make sure we give every patient the opportunity to have our Notice.

5) Why is this notice so long compared to the ones I received from my financial institution or my credit card company(ies) or my life insurance company?

Those companies are subject to a different set of privacy rules under the Graham/Leach Act while all healthcare organizations are subject to HIPAA.

6) Are you doing anything differently with my health information now than you did before HIPAA?

Actually, we are going to guard your medical information even more closely. We have developed more than 200 policies and procedures for our staffs throughout OSF HealthCare to follow to make certain your medical information is shared only with those needing your information for treatment, payment, or healthcare operations.

7) Is this HIPAA Notice and acknowledgement form only for [MT Services]?

Yes; however, all healthcare organizations such as hospitals, physician offices, urgent-care centers, outpatient surgery centers, and home care or hospice care services are subject to HIPAA. These other organizations will have their own Notice and acknowledgement form you may sign when you receive services from them.

8) After I sign this acknowledgement form, then what happens?

We will place your form in your record.

9) What am I going to be paying out because of signing?

Signing our HIPAA Privacy Notice acknowledgement form has **NO** bearing on your current payment arrangements.

10) Am I expected to sign this acknowledgement form without reading the Privacy Notice? Yes. You are simply going on record that you have the Privacy Notice which we are required by law, that is the Health Insurance Portability & Accountability Act, to provide. Your signature does not indicate that you have read the Notice and agree with everything that is in it.

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