



# Dr. Sharlene Bird

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Dear Patient,

In compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), I am providing you with the following two documents:

- (1) **New York Notice of Privacy Practices.** This document is for use and disclosure of protected health information (PHI) for treatment, payment and health care operations.
- (2) **Psychotherapist-Patient Services Agreement.** This document explains HIPAA and its application to your PHI in greater detail.

As your mental health care provider, the law requires that I obtain your signature in acknowledgment of receipt of the above-mentioned information. These documents are long and sometimes complex; however, it is vital that you read them carefully before our next session. I shall be providing you with another set of the same documents during our next session for you to affix your signature. Should you have any questions about the procedures, we can address them at that time.

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I hereby acknowledge the receipt of the above-mentioned information:

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Signature of Patient/Client

\_\_\_\_\_  
Date