



UTAH PSYCHOLOGICAL ASSOCIATES, LLC

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HIPAA NOTICE

Acknowledgement of receipt and acceptance

I acknowledge that I have received a copy of the HIPAA Notice provided by Utah Psychological Associates, LLC, and that I had an opportunity to review this document and discuss it with my therapist. I understand and authorize Utah Psychological Associates, LLC to disclose information necessary for billing purposes to my insurance company(ies) and/or companies/individuals who contract with UPA for billing services to receive payment. I understand that I can receive a full copy of the HIPAA document at any time upon request, and I agree to the terms contained in the HIPAA Notice.

Signature

Date

Printed Name