



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM Providing Services for People with Disabilities

Effective Date:

Purpose of This Notice:

The Karina Association is committed to protecting your privacy. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) and your rights regarding this information. Please review it carefully.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction: At Karina Association, we are committed to protecting the privacy of our clients' health information. This Notice of Privacy Practices explains how we may use and disclose your Protected Health Information (PHI) to carry out services and payment, or health care operations and for other purposes that are permitted or required by law.

Uses and Disclosures of PHI: We may use and disclose your PHI for services, payment, and health care operations, including but not limited to:

- Meaningful Day Services: Providing, coordinating, or managing your health care and related services.
- Service Operations: Activities necessary to run our organization.

Your Rights: You have the right to:

- Request restrictions on certain uses and disclosures of your PHI.
- Receive confidential communications of PHI.
- Inspect and obtain a copy of your PHI.
- Amend your PHI.

Our Responsibilities: We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

- Abide by the terms of this Notice.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Karina Association and/or with the Secretary of the U.S. Department of Health and Human Services.

Contact Information: If you have any questions or concerns about this Notice or our privacy practices, please contact:

Biliana Rhodes, E.D. at biliana@karinaassociation.org or

Walde Diabate, P.D. at walde.karinaassociation@protonmail.com

Client Information

Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP Code: _____

Phone Number: _____

Acknowledgment of Receipt

I acknowledge that I have received, read, and understand the Karina Association's Notice of Privacy Practices, which explains how my protected health information may be used and disclosed, and my rights regarding this information. I understand that the Karina Association has the right to revise its Notice of Privacy Practices and that a current copy will be available upon request.

Signature of Client/Guardian: _____

Printed Name: _____

Date: _____

For Office Use Only

Client received the Notice of Privacy Practices but declined to sign acknowledgment.

Client was unable to sign acknowledgment due to: _____

Other (explain): _____

Staff Name: _____
Staff Signature: _____
Date: _____

If you have any questions about this Notice or your privacy rights, please contact us at:

Karina Association

11911 Jenifer Rd

Tel. # 800-554-7549

office@karinaassociation.org