

Attention & Learning Assessment Services PLLC

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**SIGNED ACKNOWLEDGMENT OF WAIVER OF RIGHT TO RECEIVE
NOTICE OF HIPAA PRIVACY POLICIES**

In accordance with 45 CFR 164.520, covered health care providers are required to give their Notice of Privacy Policies to every individual on the first date of services and make a good faith effort to obtain the individual’s written acknowledgment of receipt of the notice. The Notice of Privacy Policies contains how a client’s protected health information may be used and disclosed, and how a client may access that information. A copy of Attention and Learning Assessment Services PLLC (“ALAS”)’s Notice is provided on its website at: www.dr-stephanie-sharp.com, and hard copies are also available upon request.

Client’s Name:

First Date Services Provided:

YOU AS A CLIENT HAVE A RIGHT TO RECEIVE A COPY OF ALAS’ NOTICE OF PRIVACY POLICIES IN EITHER A HARD COPY OR ELECTRONIC FORMAT. WAIVING YOUR RIGHT TO RECEIVE A COPY OF ALAS’ NOTICE OF PRIVACY POLICIES AT THIS TIME DOES NOT PROHIBIT YOU FROM REQUESTING A COPY IN THE FUTURE.

I hereby waive my right to receive a copy of ALAS’ Notice of Privacy Policies and acknowledge that ALAS offered me a copy of this policy, but I declined to accept it. I understand that waiving this right now does not prohibit me from requesting a paper or an electronic copy in the future.

Client’s Signature (if age 15 or over)

Date

Parent/Legal Guardian (if applicable)

Date

I affirm that on the first date services were provided to Client, I attempted to provide Client with a hardcopy of ALAS’s Notice of Privacy Policies and obtain Client’s acknowledgment of receipt of the Notice. Client waived his/her right to receive a hard copy of the Notice.



Stephanie Sharp, PhD.

Date

