



HIPAA NOTICE & ACKNOWLEDGMENT

Your Privacy Matters | Confidentiality | Protected Health Information

1 NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been offered or provided access to Horizon Mental Health & Wellness PLLC's Notice of Privacy Practices, which describes how protected health information may be used and disclosed and how I may exercise privacy rights. This acknowledgment does not replace the complete Notice.

2 COMMUNICATION PREFERENCES

☐ Phone Call

☐ Email

☐ Voicemail

☐ Patient Portal

☐ Text Message

☐ Appointment Reminders

Preferred Phone: _____

Preferred Email: _____

3 VOICEMAIL / ELECTRONIC COMMUNICATION

☐ May identify Horizon in voicemail

☐ Do not identify practice name in voicemail

I understand ordinary voicemail, email, and text messaging may have privacy limitations and should not be used for emergencies.

4 RESTRICTIONS / SPECIAL REQUESTS

Requested communication restrictions: _____

Other privacy requests: _____

5 PATIENT ACKNOWLEDGMENT

Patient / Representative Name: _____

Signature: _____

Date: _____