



H.O.P.E. Group L.L.C.

Dedicated to **H**onoring and **O**ptimizing the **P**otential in Everyone

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I hereby acknowledge I have received, read and understand the HIPAA sections on Sec. 1177 Wrongful Disclosure of Individually Identifiable Health Information, Sec 1178 Effect on State Law and Sec 264 Recommendations with Respect to Privacy of Certain Health Information. I am aware if I violate client confidentiality I can and will be terminated.

Name: _____

Signature: _____ Date: _____