



**Please Sign This Form**

Acknowledging that you have received Horizons "Notice of Privacy Practices"

Please send to:

Horizons Specialized Services

PO Box 774867

Steamboat Springs, CO 80477

Fax: 970.870.0334

Or give to the Case Manager working with you.

I have received Horizons Notice of Privacy Practices relating to the Health Insurance, Portability and Accountability Act (HIPAA legislation).

\_\_\_\_\_

Client Name

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

Relationship to Client: \_\_\_\_\_

If you have any questions concerning the Notice of Privacy Practices, please contact your Case Manager.

If the Case Manager was unable to obtain written acknowledgement of the receipt of Horizons Notice of Privacy Policies, s/he should document here what efforts were made to get the acknowledgement and why it was not obtained.