



Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

Signature Page for HIPAA Information

All health care providers are required by law to inform patients of how communication about their medical care is exchanged among other health care providers, and other entities. Please read the HIPAA Information that this office has provided to explain the limits of confidentiality. Please then sign the statement below and return to your therapist.

I have read the Health Insurance Portability and Accountability Act (HIPAA) Information that was provided by Emmaus Family Counseling Center.

Patient Name (please print):

Patient Signature:

Date: _____