



PO Box 901214

Kansas City MO 64190-1214

Privacy Notice Acknowledgement

As a client of Rays of Hope, I acknowledge that I have been given the Privacy Notice required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996 that prescribes legal duties and privacy practices to protect the privacy of my individually identifiable health information, by Rays of Hope.

Client Name _____

Client Signature _____ Date _____