

**ACKNOWLEDGEMENT OF RECEIPT OF  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

I acknowledge that I have received the HIPAA notice of the office of Jennifer Wood, M.A., LPC-S outlining the legal duties and privacy practices of health information about myself. I understand that if this notice changes in anyway, the office of Jennifer Wood, M.A., LPC-S will make such changes available to me for viewing.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature if minor: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Social Security Number: \_\_\_\_\_

Jennifer Wood, M.A., LPC-S  
2003 Rickety Ln., Suite B  
Tyler, Texas 75701  
(903) 283.8729