

HIPPA and Privacy Practices

I have been offered a copy of the federal law around HIPPA and Data Privacy. I am aware of the law and can have a copy of the policy if I choose. By signing this form I acknowledge my rights in regards to these federal laws.

Signature

Date

1. Have you ever felt that you ought to Cut down on your drinking or drug use? Yes No
2. Have people Annoyed you by criticizing your drinking or drug use? Yes No
3. Have you ever felt bad or Guilty about your drinking or drug use? Yes No
4. Have you ever had a drink or used drugs first thing in the morning (Eye-opener) to steady your nerves, e.g. get rid of a hangover, or get the day started? Yes No