



VIENNA BEHAVIORAL HEALTH
4229 Lafayette Center Dr. Suite 1760
Chantilly, VA 20151

PATIENT ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: November 2014

Patient Name: _____

Birth date: _____

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices of Vienna Behavioral Health effective November, 2014 and have read it carefully.

Patient Signature: _____

Today's Date: _____