



NEVADA YOUTH EMPOWERMENT PROJECT



HIPPA PROTECTED HEALTH INFORMATION (PHI) PRIVACY NOTICE BROCHURE RECEIPT

I have received a copy of the HIPPA Notice of Privacy Rights brochure, and the contents of this brochure have been reviewed with me. I understand that that the personal health information about me as required by state and federal law.

I understand that questions on reviewing personal health information, requests to view or change specific health information, and complaints regarding the use of my PHI are to directed to the HIPPA Compliance Officer at NYEP (775-240-2195) or monica.nyep@gmail.com.

Copies of this brochure, requests to view or change health information and complaint forms are available through the HIPPA Compliance Officer or available on the NYEP website: www.nvyep.org.

Signature: _____

Print Name: _____

Date Received and Reviewed: _____

NYEP Staff Signature: _____

Print NYEP Staff Name: _____