



OUTCOMES_{INC.}

BUILDING PATHWAYS TO WELLNESS

COUNSELING · EMPLOYEE ASSISTANCE · CONFLICT RESOLUTION

1503 University Blvd. NE
Albuquerque, NM 87102
505-243-2551

NOTICE OF PRIVACY PRACTICES

Name _____

I acknowledge that I have been given a copy of the notice describing how medical information about me may be used and disclosed and how I can get access to this information. This notice informs me of the privacy practices of Outcomes, Inc., indicates who the Privacy Officer is and gives detailed information of who is authorized to obtain my records and how I may access my medical records.

Signature of Patient or Legal Representative

Date

.....
 Client refused to accept Notice of Privacy Practices and did not agree to sign this form.

Signature of Outcomes Representative

Date