

Acknowledgement of Receipt of the Maryland Notice Form

I acknowledge receipt of the Maryland Notice Form entitled: Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Patient's Health Information

Written acknowledgment of this notice is mandated by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule

Signature: _____

Name: _____

Address: _____

Phone: _____ Home

_____ Mobile

_____ Work

Date: _____

D.O.B. _____

Email Address _____