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Notice of Privacy Practices: HIPPA Document

Acknowledgment of Receipt

By signing this form you acknowledge receipt of the California Notice Form: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. You are encouraged to read it in full. If the California Notice Form changes, you will receive a revised version from this office. If you have any questions about the California Notice Form, you may raise them with me.

I acknowledge receipt of the Notice of Privacy Practices.

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Client Signature

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Date

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Print name

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Client Signature

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