

Acknowledgement of “Notice of Psychologist’s Policies and Practices to Protect the Privacy of Patient Health Information”

I acknowledge that I have been advised of the Privacy Notice as required by the federal government’s HIPAA legislation.

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Signature of client/parent/legal guardian

Date

I consent to the use and disclosure of my protected health information by Jacqueline Titus, Ph.D. as described in the “Notice of Psychologist’s Policies and Practices to Protect the Privacy of Patient Health Information.”

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Signature of client/parent/legal guardian

Date

I consent to treatment/evaluation with Jacqueline Titus, Ph.D.

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Signature of client/parent/legal guardian

Date