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Acknowledgement of Receipt of the HIPAA Notice Form

I acknowledge receipt of the HIPAA 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: _____

Date: _____