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Acknowledgement of Receipt of Privacy Notice

Federal law requires that all patients be given a copy of the privacy notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example by e-mail or facsimile mail.

I have been given a copy of the Privacy Notice.

Name (print) _____ Date _____

Signature _____ Date of Birth _____

When patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative _____ Date _____

Print Name _____ Relationship to Patient _____