

HEALTH GROUP PSYCHOLOGICAL SERVICES, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

Client's Name: _____ Date of Birth ____/____/____

Parent/Guardian's Name (if client is a minor): _____

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices of Heath Group Psychological Services, Inc.

Signature of Client (Parent or Guardian if client is a minor)

____/____/____
Date

HEALTH GROUP PSYCHOLOGICAL SERVICES, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

Client's Name: _____ Date of Birth ____/____/____

Parent/Guardian's Name (if client is a minor): _____

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices of Heath Group Psychological Services, Inc.

Signature of Client (Parent or Guardian if client is a minor)

____/____/____
Date