



Anne K. Conley-Goldstein, Ph.D., HSPP
3077 East 98th Street, Suite 170
Indianapolis, IN 46280
Phone: 317.566.2814 Fax: 317.566.2815

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

**I hereby acknowledge that I have received the
HIPAA NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT
PRIVACY HEALTH INFORMATION (PHI).**

**I have read and understand the information.
I am aware of who to contact if I have questions or about this notice, disagree with a decision that is
made concerning access to my records, or have other concerns about my privacy rights.**

Name of Client (Printed)

Signature

Date

I find no reason to believe the client named above is not fully authorized to sign this form.

Anne K. Conley-Goldstein, Ph.D., HSPP

Date

___ Copy accepted by client ___ Copy kept by therapist