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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 child's records, or have other concerns about my privacy rights on behalf of my child.

Name of Client

Parent/Guardian 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