

RECEIPT OF NOTICE OF PRIVACY PRACTICE

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Fully Licensed Clinical Psychologist

Board Certified Neuropsychologist

Even though Psychologists have always placed a high priority on safeguarding patient confidentiality, we also have to legally document compliance with the privacy rule of the Health Insurance Portability and Accountability Act (HIPAA) that ensures privacy protection for all health information. By signing below, you have indicated that you have reviewed and/or been made aware of HIPAA Privacy Policy, Version 6/04 that protects your rights as a patient to protected health information.

Patient Name: _____

Patient and/or Personal Representative Signature: _____

Date: _____

Relationship of Personal Representative to the Patient: _____