Psychological Services of Jacksonville, LLC

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. You are encouraged to read it in full. Any questions or concerns about the form may be discussed with your therapist. In the event the form changes you will receive a revised version from this office.

By signing this form, you acknowledge receipt of the

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information.

______________________________	______________________
Printed Name	Relationship
______________________________	______________________
Signature of Client or Guardian	Date