

ACKNOWLEDGEMENT

Your signature below indicates that you received the following two documents today:

- New York State Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (The Notice).
- Psychotherapist-Patient Service Agreement – New York State (The Agreement)

It is not a statement of agreement on your part. It is merely an acknowledgement of receipt.

Signature_____

Date: _____

Print Name_____

Signature of Minor_____

Date: _____

Print Name: _____