

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I, \_\_\_\_\_ have received a copy of the New York notice form, entitled, “**Notice of Psychologist' Policies and Practices to Protect the Privacy of Your Health Information**”.

\_\_\_\_\_  
**Patient Name (Print)**

\_\_\_\_\_  
**Patient or Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

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## FOR OFFICE USE ONLY

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- ☐ Individual refused to sign
- ☐ Communication barrier prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (please specify)

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