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Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Risa Bressler, Ph.D.'s Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at 617-909-3744.

Signature of Patient/Client

Signature or Parent, Guardian or
Personal Representative*

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Therapist

Date