Campbell
PSYCHOLOGICAL SERVICES

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY POLICY

I have received a copy of this office's Notice of Privacy Policies & Practices. I understand that this Notice is available electronically at www.CampbellPsychPA.com/forms and is also available in paper format in the waiting room or upon request.

_____	_____
Client Name	Date of Birth
_____	_____
Signature of Client	Date
_____	_____
Signature of Parent or Legal Guardian	Date
_____	_____
Signature of Parent or Legal Guardian	Date