

RIVER PARK PSYCHOLOGY CONSULTANTS, LLC

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Acknowledgment Notice

Although our office has **always** treated medical records as confidential, the federal government now wants you to receive a written copy of how this office protects your health records. Please take your written copy of our privacy practices, and a copy of our office policies home with you and read them at your convenience. Additionally, please sign this acknowledgement notice indicating that we have provided this information to you.

Thank you,

River Park Psychology Consultants, LLC

**I hereby acknowledge that I have received a copy of
River Park Psychology Consultants'
Notice of Privacy Practices
And that I agree to the terms outlined by the Notice.**

Patient Name (print): _____ Date of Birth: _____

Signature: _____ Date: _____

Relationship: _____