



Nicole Ann Cavenagh, PhD
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Acknowledgement of Receipt: Notice of Privacy Practices

Patient Name (Please Print): _____

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information (PHI). We encourage you to read it in full.

If you have any questions about our Notice of Privacy Practices, please contact our office.

I acknowledge receipt of the Notice of Privacy Practices at The Center for Child and Family Development.

Signature: _____
Patient, Parent, or Guardian

Date: _____

Print Name: _____

Relationship to Patient: _____