

DENA RAY, PHD

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ACKNOWLEDGEMENT OF RECEIPT 2014 NOTICE OF PRIVACY PRACTICES

By signing this form, I acknowledge being given the Notice of Privacy Practices by Dr. Dena Ray, PhD, Licensed Psychologist. This notice provides detailed information about how she may use and disclose my protected health information, what my rights are regarding my protected health information, and how I can file a complaint about these privacy practices.

Patient Name _____

Date of Birth _____

Signature of Patient, Guardian, or Legal Representative

Date _____

Name of Guardian or Legal Representative _____

Relationship to patient _____