

JUDITH DEGRAZIA HARRINGTON, PH.D., HSPP

Acknowledgement of Receipt of Psychotherapist-Patient Services
Agreement and Acknowledgement of Receipt of Notice Privacy Practice
(HIPAA).

I have been presented with a copy of the psychotherapist-patient services agreement including the following topics; psychological services, meetings, professional fees, contacting me, limits on confidentiality, professional records, patient rights, minors & parents, billing and payment, and insurance reimbursement.

Your signature below indicates that you have read this agreement and agree to its terms.

Furthermore, by signing below you indicate that you have received a copy of the notice of privacy practices for this office as required by the Health Insurance Portability and Accountability Act of 1996.

Printed Name: _____

Signature: _____

Date: _____

Relationship (if not signed by patient): _____

(One copy in waiting room, one copy to patient if desired.)