

JUDITH ZUCKER ANDERSON, PH.D.

15615 Alton Parkway, Suite 220

Irvine, CA 92618

Telephone 949-727-4337 Fax 949-494-0865

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

As of April 14, 2003, medical and mental health practitioners are required by law to provide their patients with a Notice of Privacy Practices, reflecting new federal regulations relating to Personal Health Information (PHI). You do not have to read this Notice, you only need to acknowledge that it was given to you. Even before these new federal laws went into effect, I can assure you that I and other psychologists have been dedicated to protecting the privacy of their clients and the confidentiality of psychotherapy information and records.

I acknowledge that I have received a copy of the Notice of Privacy Practices provided by this office.

Signature: _____ *Date:* _____