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ACKNOWLEDGEMENT OF PRIVACY PROTECTION

<p><i>For Office Use Only:</i></p> <p>Patient Name: _____</p> <p>Provider Name:</p>

By signing this form, you acknowledge that Infinite Behavioral Health Inc. has discussed its Privacy Notice with you, which explains how your health information will be handled in various situations. You were given an opportunity to ask questions and/or obtain a written copy of the notice.

Check all that are true:

- I understand Infinite Behavioral Health Inc. 's Privacy Notice.
- Infinite Behavioral Health Inc. has given me the chance to obtain a copy of its Privacy Notice and to discuss my concerns and questions about the privacy of my health information.

Patient's or Guardians Name	Date

Infinite Behavioral Health Inc's staff should complete if Acknowledgement Form is not signed:

Does patient have a copy of the Privacy Notice?

Yes No

Please explain why the patient was unable to sign an acknowledgement form and Infinite Behavioral Health Inc's efforts in trying to obtain the patient's or guardian's signature:
