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PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Patient Name: _____ **DOB:** _____

All efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated. Federal law requires that all patients be given a copy of the Privacy Notice. The Privacy Notice describes in detail how patient information is used and shared with others.

I acknowledge that I have received a copy of the new ("Final Rule") Notice of Privacy Practices of Catalina Arboleda, Ph.D., effective September 23, 2013.

Signature (patient or authorized representative): _____

Date: _____

Relationship/authority (if signed by authorized representative): _____