RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that on _____ I received the Notice of Privacy Practices from Justin DiScalfani, Ph.D., BCBA-D, which sets forth the ways in which my personal health information may be used or disclosed by Justin DiScalfani, Ph.D., BCBA-D, and outlines my rights with respect to such information.

_____/_____

Patient's signature Date