Hampden Psychological Consultation, PLLC

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand and acknowledge that Hampden Psychological Consultation, PLLC is obligated to keep my health information confidential, but legally may use my health information for purposes of treating me, assisting in my reimbursement for services rendered by this practice, or for internal operations of the Practice such as improving care and treatment services. I understand that a detailed list of permissible uses and disclosures is included in Hampden Psychological Consultation's Notice of Privacy Practices: I have (check the box that applies):

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