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Acknowledgment of Receipt of Notice of Privacy Policies

My signature below is an acknowledgement that I have received the Notice of Privacy Policies outlining my rights with respect to my Protected Health Information.

Printed name of client: _____

Signature of client: _____

Date: _____

If applicable:

Printed name of guardian: _____

Relationship to client: _____

Signature of legal guardian: _____

Date: _____