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Acknowledgment of Receipt of Privacy Policy

The *Privacy Policy and Procedures* provides information about how I may use and disclose protected health information. Please review this notice carefully, and feel free to contact me with any questions. As noted in the *Policy and Procedure* document, the terms of this notice may change. If so, you may obtain a copy of the revised document by contacting me at the number above.

By signing below, you acknowledge receipt of the *Privacy Policy and Procedures*, and consent to my use and disclosure of protected health information about you for treatment, payment and health care operations. You have a right to revoke this consent in writing as noted in the *Privacy Policy and Procedures*, except where disclosure has already occurred in accordance with your consent.

Patient Name _____

Patient Signature (Parent or Guardian if under 18) _____

Relation to Patient _____

Date _____