



6658 Gunpark Drive
Suite 200/201
Boulder CO 80301
720 883 8849

Acknowledgment of Receipt of Notice of Privacy Practice and Psychological Evaluation Agreement

I have read or had read to me the information in the *Psychological Evaluation Agreement* and agree to abide by its terms. I acknowledge that I have received the HIPAA *Notice of Psychologist's Practices to Protect the Privacy of Your Health Information* described in this agreement. I have discussed all questions and concerns I have about this document with Dr. Brown and/or a representative of her office and have received satisfactory answers or explanations. I understand that no guarantee or about evaluation results is being offered or implied. I understand that no specific promises have been made to me about the results of treatment, the effectiveness of the procedures that may be used, or the number of sessions necessary for therapy to be effective.

It is your right to refuse to sign this document.

Client Name (Printed)

Holly Brown, PhD

Date

Client or Parent/Guardian Signature
(if client under 18 years of age)

Date

Official Use only:

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

Patient refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented this office from obtaining it

Other: _____