

Jennifer Wilcox, PhD  
Licensed Psychologist  
License No: 6526

3736 North High Street  
Columbus OH 43214

P 614 265 2530

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM**

I acknowledge that I have received a copy and been provided an opportunity to review the Notice of Privacy Practices of Dr. Wilcox.

\_\_\_\_\_  
**Signature of Patient**

**Date**

***This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.***