



WHICHARD
psychological services PLLC

S. Michelle Whichard, PhD.
Licensed Psychologist (LP)
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Notice & Consent for Evaluation of a Minor Child/Self

ACKNOWLEDGEMENT OF RECEIPT/CONSENT: NOTICE OF PRIVACY PRACTICES

Please read Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information and Psychologist-Client Agreement.

The first document contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patients' rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Please read this document carefully.

The second document contains important information about the psychologist-client agreement and provides more specific information about my services.

By signing this form below, you acknowledge that you have read both documents, agree to my services and business practices, and consent to an evaluation.

Return this form to Dr. Whichard. The Notice of Privacy Practices and Psychologist-Client Agreement are yours to keep.

Patient/Parent-Guardian (if client is under the age of 18 years old) Signature

Patient Printed Name

Date