# Psychological Support Services, PLLC at The Family Enrichment Center

## Specializing in Developmental Disabilities 236 LePhillip Court, Suite D Concord, NC 28025

704/786-4503  
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received and read the *Notice of Psychologist’s Policies and Practices to Protect the Privacy of your Health Information* from Angie-Owen Killar, MA, of Psychological Support Services, PLLC. Furthermore, I have had the opportunity to ask and receive answers to all of my questions regarding the aforementioned policies and practices. I further acknowledge that I understand my rights as they are outlined in the aforementioned document and that I understand how my private healthcare information will be handled.

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Signature of Client or Legally Responsible Person Date

If the acknowledgment is signed by a legally responsible person, a description of such person’s legal authority to act for the client must be provided below.

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