



Pediatric Psychological Services

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HIPPA ACKNOWLEDGEMENT FORM

(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of the Notice of Privacy Practices from Pediatric Psychological Services 400 Hunnewell Street Needham, MA 02494.

Parent or Guardian Signature

Print

Date

For Office Use Only

I have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

Client/Individual refused to sign (Date of refusal) _____

Communications barriers prohibited obtaining an acknowledgement

An emergency situation prevented us from obtaining an acknowledgement

Other _____

Attempt was made by: _____

Date: _____

Explain: _____