



RECEIPT AND ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Client Name: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read and review a copy of OREGON PSYCH SERVICES LLC owned by Cristina Zadroga Ph.D. *Notice of Privacy Practices*. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Cristina Zadroga Ph.D. at her place of work.

Signature of Client

Date

Signature or Parent, Guardian or Personal Representative* Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)