

Kristina Monroe, Psy.D.

Licensed Psychologist

CA: PSY24929 | NY: 019303



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Acknowledgment of Receipt

Client Name: _____ Date of Birth: _____

HIPAA RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received this practice's Notice of Privacy Practices written in plain language. This Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice. I have received information about my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information residing at, or controlled by this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

I authorize Kristina Monroe, Psy.D. to release required information to administrative staff (i.e. insurance biller), my insurance provider and/or Lyra Health. I understand that I am responsible for payment of all services at the standard rate in the event that my insurance provider denies payment. I am also responsible for contacting the insurance provider to determine my level of benefits and to resolve billing concerns.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative): _____

RECEIPT OF INFORMED CONSENT, OFFICE POLICIES, AND AGREEMENT

I acknowledge the receipt of Dr. Monroe's Informed Consent, Office Policies and Agreement for Psychotherapy Services. I understand and agree to comply with these policies. I understand that these policies are available to me on Dr. Monroe's website and that I may always request a hard copy if I am unable to access them.

I understand that Kristina Monroe, Psy.D. is a licensed psychologist in the state of California (PSY24929) and New York (019303).

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative): _____