



Stephanie Parkhurst PhD

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Receipt and Acknowledgement of Privacy Notice

Client Name: _____

Date of Birth: _____

I acknowledge that I have received a copy of the *Notice of Privacy Practices* (Maryland Department of Health and Your Health Information) and that I have had an opportunity to read it and have my questions answered. I understand that should I have any questions regarding my privacy rights, I can contact Stephanie Parkhurst at 240-801-6998.

Client Signature

Date

Client Refuses to Acknowledge Receipt:

Stephanie Parkhurst, Ph.D.

Date