Sally Kennedy, Ph.D.
Licensed Psychologist
1160 S. Milledge Avenue
Suite 130
Athens, GA 30605

706.621.3033

Acknowledgement of Receiving

Notice of Policies and Practices to Protect Privacy of Your Health Information

My signature below is confirmation that I received information labeled "Notice of Dr. Sally Kennedy's Policies and Practices to Protect the Privacy of Your Health Information" otherwise known as the policies related to the Health Insurance Portability and Accountability Act (HIPAA).

I acknowledged that I read the Notice of Policies and Practices designed to protect my privacy as specified previously, had the opportunity to ask questions, and was provided a copy for my records.

_____
Name (please print)

_____ _____
Signature Date

☐ Client declined copy