**C. Girvani Leerer Ph.D. Licensed Psychologist (CA PSY #24631, AZ PSY #4687)**

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**Receipt of Notice of Privacy Practices**

**Under The Health Insurance Portability And Accountability Act (HIPAA) Privacy Rule**

My signature below acknowledges that I have received the **“Notice of Privacy Practices ”**.

This notice describes how psychological and medical information about me may be used and disclosed, and how I can get access to this information under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

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Signature of Patient Date

\_\_\_\_\_\_\_ My typed name, above, represents my electronic signature.

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Printed Name of Patient