**Megan Allen, Ph.D.**

**Licensed Psychologist #22150**

**849 Menlo Ave**

**Menlo Park CA 94025**

**650-503-3175**

**Verification of receipt of notice of privacy practices**

I acknowledge that I have received a copy of Dr. Allen’s Notice of Privacy Practices of the Health Insurance Portability and Accountability Act (HIPAA) and had the opportunity to ask questions and discuss the privacy rights described. I understand that if I have further questions regarding the Notice or my privacy rights, I can contact Dr. Allen by phone at 650-503-3175.

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Signature of Patient/Guardian Date

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Printed Name of Patient/Guardian