

HIPAA Privacy Disclosure: Signed Acknowledgement

I acknowledge that Dr. Harry J. Sobel, a licensed psychologist in the State of Massachusetts, has provided me with a **Notice of Privacy** pertaining to protected health information (PHI). This document describes information pertaining to the use and disclosure of protected health information, my rights in regard to this information, and the method for filing any potential complaints.

Client Name: _____

Date of Birth: _____

Signature: _____