

**Dr. Amanda Roberts – Clinical Psychologist and EMDR Specialist**

Notice of Privacy Practices

Patient Acknowledgement

I have received this practice's notice of policy practices. The notice provides in detail the uses and disclosures of my protected health information that may be used by this practice, my individual rights, how I may exercise these rights and the practice's legal duties with respect to this information.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_