

**TODD ANDERSON, PhD, LP**  
**Psychotherapy and Psychoanalysis**  
**116 West 23<sup>rd</sup> St, Fl 5**  
**New York, NY 10011**  
**todd@toddandersonphd.com | (347) 815-7780**  
**www.ToddAndersonPhD.com**

**ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

PATIENT ACKNOWLEDGEMENT

I have received a copy of Todd Anderson, PhD, LP's Notice of Privacy Practices effective April 1, 2020

Name: \_\_\_\_\_

*Please print*

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

.....

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of Todd Anderson, PhD, LP's Notice of Privacy Practices effective April 1, 2020.

Name: \_\_\_\_\_ Relationship to Patient:  Parent  Legal Guardian

*Please print*

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

.....

OTHER

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective April 1, 2020 given to individual on \_\_\_\_\_ (date)

In Person  Mailing  Email  Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

Did not want to  Did not respond after more than one attempt  Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation \_\_\_\_\_  Telephone contact \_\_\_\_\_

Mailing \_\_\_\_\_

Email \_\_\_\_\_  Other \_\_\_\_\_

Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_