

# Jack N. Singer, Ph.D.

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## ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided a copy of "California Notice Form: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information," and have therefore been advised on how health information about me may be used and disclosed by Dr. Jack Singer, and how I may obtain access to and control of this information.

I also have been given a copy of this document.

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Patient's Signature

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Patients Name (Print)

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Date

YOUR SIGNATURE BELOW ALSO INDICATES THAT YOU HAVE READ THE PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT AND AGREE TO IT'S TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPPA NOTICE FORM DESCRIBED ABOVE.

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Patient's Signature

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Patients Name (Print)

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Date